

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90490 038 ****61.25

0025393

DOCUMENT # N98000002455

1. Entity Name

STONEHURST COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1050 S. LAKE SYBELIA DRIVE
 MAITLAND FL 32751**

**P.O. BOX 940459
 MAITLAND FL 32794-0459
 US**

A0030813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3508432

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRONE, MARK A
 1050 S. LAKE SYBELIA DRIVE
 MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	PHILPOT, SCOTT L	1050 S. LAKE SYBELIA DRIVE	MAITLAND FL 32751	<input type="checkbox"/>	<input type="checkbox"/>
VPD	CRONE, MARK A	1050 S. LAKE SYBELIA DRIVE	MAITLAND FL 32751	<input type="checkbox"/>	<input type="checkbox"/>
SD	PHILPOT, ROBIN L	1050 S. LAKE SYBELIA DRIVE	MAITLAND FL 32751	<input type="checkbox"/>	<input type="checkbox"/>
TD	CRONE, LORA N	1050 S. LAKE SYBELIA DRIVE	MAITLAND FL 32751	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark A. Crone* **REMARK: CRONE, VPres** **2/9/01** **407-645-1710**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)