

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90124 039 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3508432

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

Mark A Crone VP

3/13/02

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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

3/13/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)