


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90014 011 \*\*\*\*61.25

**DOCUMENT # N98000002455**

1. Entity Name  
STONEHURST COMMUNITY ASSOCIATION, INC.



Principal Place of Business  
5703 RED BUG ROAD BOX 258  
WINTER SPRINGS, FL 32708-4969

Mailing Address  
5703 RED BUG ROAD BOX 258  
WINTER SPRINGS, FL 32708-4969 US



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01292006 Chg-NP CR2E037 (11/05)

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**

EULIANO, JAMES B  
4585 OLD CARRIAGE TRAIL  
ATTN: STONEHURST COMMUNITY ASSOCIATION  
OVIEDO, FL 32765

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P/D	<input type="checkbox"/> Delete
NAME	EULIANO, JAMES	
STREET ADDRESS	4585 OLD CARRIAGE TR	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	TOSHIE, ANDY	
STREET ADDRESS	1504 HUNTERS MILL PLACE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	HARTOG, MICHELLE	
STREET ADDRESS	1528 HUNTERS MILL PLACE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	BEGLEY, PAT	
STREET ADDRESS	4528 OLD CARRIAGE TR	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Iocco, LARRY	
STREET ADDRESS	4541 OLD CARRIAGE TRAIL	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  JAMES EULIANO 1/27/06 407-677-7275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #