



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # N98000002455 1. Entity Name STONEHURST COMMUNITY ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3508432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D EULIANO, JAMES 4585 OLD CARRIAGE TR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D IOCCO, LARRY 4541 OLD CARRIAGE TR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D BARKER, CHRIS 4557 OLD CARRIAGE TRAIL OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D BEGLEY, PAT 4528 OLD CARRIAGE TR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/31/08-80009-019-61.25

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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** 3/1/08 **407-677-7275**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #