

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002455

FILED
Feb 09, 2009
Secretary of State

Entity Name: STONEHURST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5703 RED BUG ROAD BOX 258
WINTER SPRINGS, FL 327084969

New Principal Place of Business:

5703 RED BUG ROAD BOX 258
WINTER SPRINGS, FL 327084969 US

Current Mailing Address:

5703 RED BUG ROAD BOX 258
WINTER SPRINGS, FL 327084969 US

New Mailing Address:

FEI Number: 59-3508432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: EULIANO, JAMES
Address: 4585 OLD CARRIAGE TR
City-St-Zip: OVIDO, FL 32765

Title: V/D () Delete
Name: IOCCO, LARRY
Address: 4541 OLD CARRIAGE TR
City-St-Zip: OVIDO, FL 32765

Title: S/D () Delete
Name: BARKER, CHRIS
Address: 4557 OLD CARRIAGE TRAIL
City-St-Zip: OVIDO, FL 32765

Title: T/D () Delete
Name: BEGLEY, PAT
Address: 4528 OLD CARRIAGE TR
City-St-Zip: OVIDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V/D (X) Change () Addition
Name: ALLEN, PAUL
Address: 4600 OLD CARRIAGE TR
City-St-Zip: OVIDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES EULIANO

P/D

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date