

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90070 019 ****61.25

DOCUMENT # N99000001099

1. Entity Name

STONEWOOD ESTATES AT CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC. ✓

Principal Place of Business

Mailing Address

SPECIALTY MGMT CO OF CENTRAL FLORIDA
444 W. NEW ENGLAND AVE #B
WINTER PARK FL 32789
US

SPECIALTY MGMT CO OF CENTRAL FLORIDA
444 W. NEW ENGLAND AVE #B
WINTER PARK FL 32789
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3616766

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MALCOM, THOMAS D
444 W. NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789

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 signatures are 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: PD
NAME: O'HARA, CHARLES D
STREET ADDRESS: 120 FAIRWAY WOODS BLVD.
CITY-ST-ZIP: ORLANDO FL 32824 Delete

TITLE: PD
NAME: Wright, Christopher S
STREET ADDRESS: 120 Fairway Woods Blvd.
CITY-ST-ZIP: Orlando, FL 32824 Change Addition

TITLE: VD
NAME: HAWKS, CANDICE H
STREET ADDRESS: 120 FAIRWAY WOODS BLVD.
CITY-ST-ZIP: ORLANDO FL 32824 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: STD
NAME: ERSKINE, CYNTHIA L
STREET ADDRESS: 120 FAIRWAY WOODS BLVD.
CITY-ST-ZIP: ORLANDO FL 32824 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
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TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

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:

Christopher S Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/02

Daytime Phone #

(407) 240-0044