

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

03-11-2003 90146 005 ****61.25

DOCUMENT # **N99000001099**



1. Entity Name
STONEWOOD ESTATES AT CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business SPECIALTY MGMT CO OF CENTRAL FLORIDA 444 W. NEW ENGLAND AVE #B WINTER PARK FL 32789 US	Mailing Address SPECIALTY MGMT CO OF CENTRAL FLORIDA 444 W. NEW ENGLAND AVE #B WINTER PARK FL 32789 US
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 882 JACKSON AVE Suite, Apt. #, etc.	3. Mailing Address 882 JACKSON AVE Suite, Apt. #, etc.
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City & State Winter Park FL	City & State Winter Park FL
Zip 32789	Zip 32789
Country USA	Country USA

4. FEI Number 59-3616766	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MALCOM, THOMAS D
444 W. NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent
Name: **Amanda M. Vander Vliet**
Street Address (P.O. Box Number is Not Acceptable): **C/o Specialty Management Co. of Central Florida
882 JACKSON AVE**
City: **Winter Park FL** Zip Code: **32789**

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: *Amanda M. Vander Vliet*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **1/31/03**

FILE NOW: FEE IS \$61.25

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 PD	NAME WRIGHT, CHRISTOPHER S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 120 FAIRWAY WOODS BLVD.		
CITY-ST-ZIP ORLANDO FL 32824		
TITLE VD	NAME HAWKS, CANDICE H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 120 FAIRWAY WOODS BLVD.		
CITY-ST-ZIP ORLANDO FL 32824		
TITLE STD	NAME ERSKINE, CYNTHIA L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 120 FAIRWAY WOODS BLVD.		
CITY-ST-ZIP ORLANDO FL 32824		
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"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD	NAME Roby, Debra	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2508 Stonebrook Estate Lane		
CITY-ST-ZIP Orlando, FL 32825		
TITLE PD	NAME Martinez, Angel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10428 Stone Glen Dr.		
CITY-ST-ZIP Orlando, FL 32825		
TITLE S.T.D	NAME Krebs, Christopher	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10415 Stone Glen Dr.		
CITY-ST-ZIP Orlando, FL 32825		
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: *Amanda M. Vander Vliet*
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1/30/03**

DAYTIME PHONE #: **407-306-4060**

CR2E037 (10/02)