2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 31, 2007
Secretary of State

DOCUMENT# N04000009928

Entity Name: STONEYBROOK HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826

New Principal Place of Business:

19 E. CENTRAL BLVD.
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 781291
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 20-3510126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SURFACE, FRANK
1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

SURFACE, FRANK
19 E. CENTRAL BLVD.
ORLANDO, FL 32801 US

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: FRANK SURFACE 10/31/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: AUSTIN, VAL
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

Title: ST ( ) Delete
Name: VALANTASIS, JOHN
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, TRACY
Address: 19 E. CENTRAL BLVD.
City-St-Zip: ORLANDO, FL 32801

Title: ST (X) Change ( ) Addition
Name: VALANTASIS, JOHN
Address: 19 E. CENTRAL BLVD.
City-St-Zip: ORLANDO, FL 32801

Title: VP ( ) Change (X) Addition
Name: STAFFA, DAVE
Address: 19 E. CENTRAL BLVD.
City-St-Zip: ORLANDO, FL 32801

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: TRACY WILLIAMS PD 10/31/2007
Electronic Signature of Signing Officer or Director Date