2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N98000001489

Entity Name: STONE FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3500355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: VPD ( ) Delete
Name: CHAMBERS, JEFF
Address: 13323 BRIAR FOREST CT
City-St-Zip: ORLANDO, FL 32828

Title: SD ( ) Delete
Name: OALDON, LADONNE
Address: 2230 STONE ABBEY BLVD
City-St-Zip: ORLANDO, FL 32825

Title: TD ( ) Delete
Name: SANDLER, DANIEL
Address: 2104 STONE ABBEY BLVD
City-St-Zip: ORLANDO, FL 32825

Title: PD ( ) Delete
Name: PANSEY, NEIL
Address: 2131 HEATWOOD CIR
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: PERALTA, ANGIE
Address: 2214 STONE ABBEY BLVD
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: PD (X) Change ( ) Addition
Name: WISMER, PATTI
Address: 1916 STONE ABBEY BLVD
City-St-Zip: ORLANDO, FL 32828

Title: D (X) Change ( ) Addition
Name: PULIDO, HEATHER
Address: 2249 HEATHWOOD CIR
City-St-Zip: ORLANDO, FL 32828

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: PATTI WISMER PD 04/23/2008

Electronic Signature of Signing Officer or Director — Date