

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002455

**FILED**  
**Apr 14, 2019**  
**Secretary of State**  
**2864435839CC**

**Entity Name:** STONEHURST COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5703 RED BUG ROAD BOX 258  
WINTER SPRINGS, FL 32708-4969

**Current Mailing Address:**

5703 RED BUG ROAD BOX 258  
WINTER SPRINGS, FL 32708-4969 US

**FEI Number:** 59-3508432

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BEGLEY, PATRICK  
4528 OLD CARRIAGE TRAIL  
ATTN: STONEHURST COMMUNITY ASSOCIATION  
OVIEDO, FL 32765 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:** PATRICK BEGLEY

04/14/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BEGLEY, PAT  
Address        4528 OLD CARRIAGE TR  
City-State-Zip: OVIEDO FL 32765

Title           VP  
Name           IOCCO, LARRY  
Address        4541 OLD CARRIAGE TRAIL  
City-State-Zip: OVIEDO FL 32765

Title           PRESIDENT  
Name           GEOFF , GILPIN  
Address        4513 OLD CARRIAGE TRAIL  
City-State-Zip: OVIEDO FL 32765

Title           AT-LARGE  
Name           PACCIONE , JOHN  
Address        1513 HUNTERS MILL PLACE  
City-State-Zip: OVIEDO FL 32765

Title           AT-LARGE  
Name           MEEKER, MARY  
Address        4569 OLD CARRIAGE TRAIL  
City-State-Zip: OVIEDO FL 32765

Title           SECRETARY  
Name           ALBERT, DONNA  
Address        4601 OLD CARRIAGE TRAIL  
City-State-Zip: OVIEDO FL 32765

Title           AT-LARGE  
Name           MCKINLEY, DENISE  
Address        4524 OLD CARRIAGE TRAIL  
City-State-Zip: OVIEDO FL 32765

Title           AT-LARGE  
Name           OLSON, DAWN  
Address        4532 OLD CARRIAGE TRAIL  
City-State-Zip: OVIEDO FL 32765

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICK FINTAN BEGLEY

TREASURER

04/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title AT-LARGE  
Name EUSTACE, BEMMIE  
Address 4589 OLD CARRIAGE TRAIL  
City-State-Zip: OVIEDO FL 32765