

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002455

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

**Current Principal Place of Business:**

801 N. MAIN STREET  
KISSIMMEE, FL 34744

**Current Mailing Address:**

801 N. MAIN STREET  
KISSIMMEE, FL 34744 US

**FEI Number:** 59-3508432

**Certificate of Status Desired:** Yes

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

THE RUGGIERI LAW FIRM, P.A.  
C/O FRANK A. RUGGIERI, ESQUIRE  
13000 AVALON PARK DRIVE SUITE 305  
ORLANDO, FL 32828 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BRUMBACK, WES  
Address        801 N. MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title           VP  
Name           OSHSNER, JOE  
Address        801 N. MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title           PRESIDENT  
Name           UMLAUF, TIM  
Address        801 N. MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title           AT-LARGE  
Name           PACCIONE , JOHN  
Address        801 N. MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title           AT-LARGE  
Name           IOCCO, LARRY  
Address        801 N. MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title           AT-LARGE  
Name           BLACK, CASS  
Address        801 N. MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title           AT-LARGE  
Name           OLSON, DAWN  
Address        5703 RED BUG ROAD BOX 258  
City-State-Zip: WINTER SPRINGS FL 32708-4969

Title           AT-LARGE  
Name           SOUTHARD, STEVE  
Address        801 N. MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

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*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:** TIM UMLAUF

**PRESIDENT**

**04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title AT-LARGE

Name SIBILIO, NICK

Address 5703 RED BUG ROAD BOX 258

City-State-Zip: WINTER SPRINGS FL 32708-4969