

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002455

**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:**

EULIANO, JAMES B  
4585 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P/D
Name	EULIANO, JAMES
Address	4585 OLD CARRIAGE TR
City-State-Zip:	OVIEDO FL 32765
Title	S/D
Name	MEEKER, MARY
Address	4569 OLD CARRIAGE TRAIL
City-State-Zip:	OVIEDO FL 32765

Title	V/D
Name	ROSELLO, CARLOS
Address	4517 OLD CARRIAGE TR
City-State-Zip:	OVIEDO FL 32765
Title	T/D
Name	BEGLEY, PAT
Address	4528 OLD CARRIAGE TR
City-State-Zip:	OVIEDO FL 32765

*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:** JAMES B EULIANO

**PRESIDENT**

**03/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date