

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750033

FILED
May 02, 2007
Secretary of State

Entity Name: STONEWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 948648
MAITLAND, FL 327945648

New Principal Place of Business:

460 PLUMHOLLOW LN
MAITLAND, FL 32751

Current Mailing Address:

P O BOX 948648
MAITLAND, FL 327945648

New Mailing Address:

FEI Number: 59-2231181 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PINSKY, HOWARD J
993 STONEWOOD LANE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

SNIAD, MOISHE
460 PLUMHOLLOW LN
MAITLAND, FL 32751 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: MOISHE SNIAD

05/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUBIN, STEVE
Address: 977 STONEWOOD LANE
City-St-Zip: MAITLAND, FL 32751

Title: S () Delete
Name: CARLTON, DONNA
Address: 458 STONEWOOD LANE
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: RAWLINGS, JAMES
Address: 453 STONEWOOD LANE
City-St-Zip: MAITLAND, FL 32751

Title: T (X) Delete
Name: PINSKY, HOWARD
Address: 993 STONEWOOD LANE
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Delete
Name: KALIL, JEANNE
Address: 455 FORESTWOOD LN
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Delete
Name: WISEMAN, ROBERT
Address: 995 STONEWOOD LANE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: SNIAD, MOISHE
Address: 460 PLUMHOLLOW LN
City-St-Zip: MAITLAND, FL 32751

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

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

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

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: MOISHE SNIAD

T

05/02/2007

Electronic Signature of Signing Officer or Director

Date