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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **757475** **(9)**

1. Corporation Name

STONE ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
STONE ISLAND ENTERPRISE FL 32725 US	PO BOX 4277 ENTERPRISE FL 32725-0277 US

3. Date Incorporated or Qualified: **04/09/1981**
3a. Date of Last Report: **05/28/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1384242** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PHILLIPS, FRED
1440 STONE TRAIL
ENTERPRISE FL 32725

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, FRED		1.2 NAME		
STREET ADDRESS	1440 STONE TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MERCER, DICK		2.2 NAME		
STREET ADDRESS	1400 STONE TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE FL 32725		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUMPHREYS, JUDITH		3.2 NAME		
STREET ADDRESS	309 HARBOR TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE FL 32725		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERGSTRESSER, MARY		4.2 NAME		
STREET ADDRESS	1575 STONE TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE FL 32725		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORBITZER, MARGARET L.		5.2 NAME		
STREET ADDRESS	1464 STONE TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENSON, JERRY		6.2 NAME		
STREET ADDRESS	1310 SIOUX TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret L. Morbitzer 1/15/97 (407) 539-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2000 # 0013580