

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757475

1. Entity Name

STONE ISLAND HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90052 032 ****61.25

Principal Place of Business

Mailing Address

STONE ISLAND
ENTERPRISE FL 32725
US

PO BOX 4277
ENTERPRISE FL 32725-0277
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1384242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, FRED
1440 STONE TRAIL
ENTERPRISE FL 32725

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	change
NAME	PHILLIPS, FRED	
STREET ADDRESS	1440 STONE TRAIL	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	D	change
NAME	MERCER, DICK	
STREET ADDRESS	1400 STONE TRAIL	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	D	X Delete
NAME	SMITH, PAUL	
STREET ADDRESS	1480 ARROWHEAD TRAIL	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	SD	X Delete
NAME	MCINTYRE, LORETTA	
STREET ADDRESS	1575 STONE TRAIL	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	DT	X Delete
NAME	MORBITZER, MARGARET L	
STREET ADDRESS	1464 STONE TRAIL	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	D	change
NAME	GRAY, JOHN	
STREET ADDRESS	207 MARCH LANDING 1290 SIOUX TRAIL	
CITY-ST-ZIP	DEBARY FL 32713 Enterprise FL 32715	

TITLE	PD	☐ Change ☒ Addition
NAME	THOMAS BOALO	
STREET ADDRESS	1586 Stone Trail	
CITY-ST-ZIP	Enterprise FL 32725	
TITLE	SD	☐ Change ☒ Addition
NAME	BARBARA BOALO	
STREET ADDRESS	1586 STONE TRAIL	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	VPD	☐ Change ☒ Addition
NAME	JIM McGRATH	
STREET ADDRESS	1490 KETTLEDROM TRL	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	D	☐ Change ☒ Addition
NAME	DON WIDAJEWSKI	
STREET ADDRESS	1492 STONE TRAIL	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Boalo* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS BOALO

Date

3/30/00

Daytime Phone #

407-323-4696

CR2E037 (9/99)