2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90053 004 ****61.25

0066251

DOCUMENT # 757475

1. Entity Name

STONE ISLAND HOMEOWNERS ASSOCIATION, INC.

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

B0096097

DO NOT WRITE IN THIS SPACE

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

PHILLIPS, FRED
1440 STONE TRAIL
ENTERPRISE FL 32725

7. Name and Address of New Registered Agent

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 _____ 4/23/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PHILLIPS, FRED 1440 STONE TRAIL ENTERPRISE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DIRECTOR ZILIANN DOUG 1594 ARROWHEAD TR ENTERPRISE FL 32725 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MERCER, DICK 1400 STONE TRAIL ENTERPRISE FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DE BOER 1300 KETTLEDRUM TR ENTERPRISE FL 32725 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOALA, TOM 1586 STONE TRAIL ENTERPRISE FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAFFEE WAITER DIRECTOR 1480 KETTLEDRUM TR ENTERPRISE FL 32725 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOALE, BARBARA 1586 STONE TRAIL ENTERPRISE FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DEEN PHILIP 1425 STONE TR ENTERPRISE FL 32725 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCGRATH, JIM 1490 KETTLEDRUM TRAIL ENTERPRISE FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DIRECTOR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMDEN, ROLLAND 1421 KETTLEDRUM TRAIL ENTERPRISE FL 32729	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 1 Apr 02 407 321 9641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #