

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N00000000126

1. Entity Name
STEWART MANOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
19516 COACHLIGHT WAY
LUTZ, FL 33549

Mailing Address
19505 COACHLIGHT WAY
LUTZ, FL 33549



01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3657973	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAUSSEN, FREDERICK L
19516 COACHLIGHT WAY
LUTZ, FL 33549

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000898238
04/25/08-80080-006 70.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME KIEFFER, KEVIN
STREET ADDRESS 19513 COACHLIGHT WAY
CITY-ST-ZIP LUTZ, FL 33549

TITLE V
NAME CLAUSSEN, FREDERICK
STREET ADDRESS 19516 COACHLIGHT WAY
CITY-ST-ZIP LUTZ, FL 33549

TITLE TS
NAME LOCICERO, RENEE
STREET ADDRESS 19505 COACHLIGHT WAY
CITY-ST-ZIP LUTZ, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Renee LoCicero* *Renee LoCicero* *4/12/08* *813-949-1875*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #