2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N00000000126

Entity Name: STEWART MANOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

19516 COACHLIGHT WAY
LUTZ, FL 33549

New Principal Place of Business:

19513 COACHLIGHT WAY
LUTZ, FL 33549

Current Mailing Address:

19516 COACHLIGHT WAY
LUTZ, FL 33549

New Mailing Address:

19513 COACHLIGHT WAY
LUTZ, FL 33549

FEI Number: 59-3657973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLAUSSEN, FREDERICK L
19516 COACHLIGHT WAY
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

KIEFFER, KEVIN
19513 COACHLIGHT WAY
LUTZ, FL 33549 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: KEVIN KIEFFER 03/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KIEFFER, KEVIN
Address: 19513 COACHLIGHT WAY
City-St-Zip: LUTZ, FL 33549

Title: V ( ) Delete
Name: CLAUSSEN, FREDERICK
Address: 19516 COACHLIGHT WAY
City-St-Zip: LUTZ, FL 33549

Title: TS ( ) Delete
Name: LOCICERO, RENEE
Address: 19505 COACHLIGHT WAY
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TS (X) Change ( ) Addition
Name: KIEFFER, KATHRYN
Address: 19513 COACHLIGHT WAY
City-St-Zip: LUTZ, FL 33549

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: KEVIN KIEFFER P 03/29/2009
Electronic Signature of Signing Officer or Director Date