

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009268

FILED  
Apr 21, 2005  
Secretary of State

**Entity Name:** STUART PLACE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

290 U.S. HIGHWAY 17 NORTH  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

290 U.S. HIGHWAY 17 NORTH  
BARTOW, FL 33830

**New Mailing Address:**

**FEI Number:** 45-0501112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRELL, EDUARDO F  
187 LAKE MORTON DRIVE  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: AGNER, DANIEL P  
Address: 290 U.S. HIGHWAY 17 NORTH  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: AGNER, LAURA M  
Address: 290 US HWY 17 N.  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: AGNER, WILLIAM M JR.  
Address: PO BOX 7237  
City-St-Zip: LAKELAND, FL 33807

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURA M AGNER

D

04/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date