

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000426

FILED
Feb 02, 2009
Secretary of State

Entity Name: STONEHURST PLANTATION MASTER ASSOCIATION, INC.

Current Principal Place of Business:

ONE SAN JOSE PLACE
SUITE 27
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

PO BOX 57911
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 72-1555940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAZAC MANAGEMENT, INC.
ONE SAN JOSE PLACE
SUITE 27
JACKSONVILLE, FL 32241 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: PD () Delete
Name: ADAMS, JEFFERY
Address: 2325 ABERFORD CT
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VPD () Delete
Name: SMITH, DIMPLE
Address: 1803 FERNCREEK DR
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: TD () Delete
Name: MELCHING, STEPHEN D
Address: 2484 WILLOWBEND DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: DEL VECCHIO, KEVIN
Address: 2509 STAPLEFORD LN
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D (X) Change () Addition
Name: FOLWELL, SALLIE
Address: 979 BECKINGHAM DR.
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD () Change (X) Addition
Name: KNERR, KATHY
Address: 1220 WOODCHURCH LN
City-St-Zip: ST. AUGUSTINE, FL 32092

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: LAUREN CARR

MGR

02/02/2009

Electronic Signature of Signing Officer or Director

Date