

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 02, 2012
Secretary of State

DOCUMENT# N03000000426

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:**ONE SAN JOSE PLACE
SUITE 27
JACKSONVILLE, FL 32257 UN**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:**CARR, LAUREN
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
Name: ADAMS, JEFFERY C
Address: 2325 ABERFORD CT
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD
Name: SMITH, DIMPLE K
Address: 1803 FERNCREEK DR
City-St-Zip: SAINT AUGUSTINE, FL 32092

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

Title: DVP
Name: WILSON, PETER
Address: 501 HAWKINGE CT
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DVP
Name: LAMBERT, KERI
Address: 2027 NO. CRANBROOK AVE
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: LAUREN CARR

MGR

10/02/2012

Electronic Signature of Signing Officer or Director

Date