

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005696

FILED
Mar 18, 2009
Secretary of State

Entity Name: STONELAKE RANCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762 US

Current Mailing Address:

3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762

New Principal Place of Business:

777 SOUTH HARBOUR ISLAND BLVD.
SUITE 270
TAMPA, FL 33602 US

New Mailing Address:

201 E. KENNEDY BLVD
SUITE 775
TAMPA, FL 33602

FEI Number: 20-2909628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

JAMES R. DE FURIO, P.A.
201 E. KENNEDY BLVD
SUITE 775
TAMPA, FL 33602 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: JAMES DEFURIO, PA

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FUNK, CHARLES B
Address: 601 BAYSHORE BOULEVARD SUITE 650
City-St-Zip: TAMPA, FL 33606

Title: VP () Delete
Name: MEEHAN, JEFFREY B
Address: 601 BAYSHORE BOULEVARD SUITE 650
City-St-Zip: TAMPA, FL 33606

Title: P () Delete
Name: FUNK, BRIAN B
Address: 601 BAYSHORE BOULEVARD SUITE 650
City-St-Zip: TAMPA, FL 33606

Title: VPT (X) Delete
Name: GRATZ, MIKE
Address: 601 BAYSHORE BLVD., SUITE 650
City-St-Zip: TAMPA, FL 33606

Title: S (X) Delete
Name: GEORGE, JUDY
Address: 601 BAYSHORE BLVD., SUITE 650
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FUNK, CHARLES B
Address: 601 BAYSHORE BOULEVARD SUITE 650
City-St-Zip: TAMPA, FL 33606

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

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: CHARLES FUNK

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date