



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90027 039 \*\*\*\*61.25

<b>DOCUMENT # N04000009846</b> 1. Entity Name <b>STONEWOOD HOMEOWNERS ASSOCIATION, INC. OF HILLSBOROUGH COUNTY</b>					
Principal Place of Business <b>3626 ERINDALE DRIVE VALRICO, FL 33594</b>			Mailing Address <b>3626 ERINDALE DRIVE VALRICO, FL 33594</b>		
2. Principal Place of Business <b>3658 Erindale Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>3658 Erindale Dr</b> Suite, Apt. #, etc.			
City & State <b>Valrico FL</b>		City & State <b>Valrico FL</b>		4. FEI Number <b>20-1789215</b>	
Zip <b>33594</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HASBINI, ALI 3626 ERINDALE DRIVE VALRICO, FL 33594</b>				7. Name and Address of New Registered Agent Name - <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>3658 Erindale Dr</b> City <b>Valrico</b> <b>FL</b> <b>33594</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>APPLEYARD, ROBERT</b> <b>3626 ERINDALE DRIVE</b> <b>VALRICO, FL 33594</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <b>POPVICH, GAIL</b> <b>3626 ERINDALE DRIVE</b> <b>VALRICO, FL 33594</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>NEJMAN, DAVE</b> <b>3626 ERINDALE DR</b> <b>VALRICO, FL 33594</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date			Daytime Phone #		