

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009846

FILED
Mar 09, 2009
Secretary of State

Entity Name: STONEWOOD HOMEOWNERS ASSOCIATION, INC. OF HILLSBOROUGH COUNTY

Current Principal Place of Business:

3658 ERINDALE DR
VALRICO, FL 33596

New Principal Place of Business:

Current Mailing Address:

3658 ERINDALE DR
VALRICO, FL 33596

New Mailing Address:

FEI Number: 20-1789215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPOVICH, GAIL
3658 ERINDALE DR
VALRICO, FL 33596 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: APPLEYARD, ROBERT
Address: 3658 ERINDALE DR
City-St-Zip: VALRICO, FL 33596

Title: STD () Delete
Name: POPVICH, GAIL
Address: 3658 ERINDALE DR
City-St-Zip: VALRICO, FL 33596

Title: VD () Delete
Name: NEJMAN, DAVE
Address: 3658 ERINDALE DR
City-St-Zip: VALRICO, FL 33596

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 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: GAIL M POPOVICH

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03/09/2009

Electronic Signature of Signing Officer or Director

Date