

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006213

FILED
Apr 30, 2007
Secretary of State

Entity Name: STONEWOOD CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

231 E RUBY AVE
SUITE B
KISSIMMEE, FL 34741

New Principal Place of Business:

231 RUBY AVE
SUITE A
KISSIMMEE, FL 34741

Current Mailing Address:

PO BOX 452847
KISSIMMEE, FL 347452847

New Mailing Address:

231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741

FEI Number: 20-3029915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.
231 E RUBY AVE
SUITE B
KISSIMMEE, FL 347452847 US

Name and Address of New Registered Agent:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.
231 RUBY AVE
SUITE A
KISSIMMEE, FL 34741 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:

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERRYHILL, WILLIAM
Address: 955 KELLER ROAD #1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: ROUSCH, WILLIAM
Address: 955 KELLER ROAD #1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD () Delete
Name: WALZ, LARRY
Address: 955 KELLER ROAD #1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: WILLIAM BERRYHILL

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date