

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 12, 2011
Secretary of State

DOCUMENT# N05000008022

Entity Name: STONEYWOOD COVE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**5401 KIRMAN ROAD
SUITE 310
ORLANDO, FL 32819**New Principal Place of Business:**4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634**Current Mailing Address:**5401 KIRKMAN ROAD
SUITE 310
ORLANDO, FL 32819**New Mailing Address:**P.O. BOX 803555
DALLAS, TX 75380**FEI Number:** 20-3497299**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REALMANAGE, LLC
5401 KIRKMAN ROAD
SUITE 310
ORLANDO, FL 32819 US**Name and Address of New Registered Agent:**REALMANAGE, LLC
4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634 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:

04/12/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: ODDO, JOHN
Address: 13003 TIGERS EYE DRIVE
City-St-Zip: VENICE, FL 34292

Title: VP
Name: BOND, THOMAS
Address: 13064 TIGERS EYE DRIVE
City-St-Zip: VENICE, FL 34292

Title: TD
Name: LECHLITNER, KEVIN
Address: 12342 DESTINY DRIVE
City-St-Zip: VENICE, FL 34292

Title: SD
Name: MIRON, RICK
Address: 5401 KIRKMAN ROAD
City-St-Zip: ORLANDO, FL 32819

Title: D
Name: SMITH, STEVE
Address: 12879 MANDARA LANE
City-St-Zip: VENICE, FL 34292

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: CYNTHIA MONTSINGER

LCAM

04/12/2011

Electronic Signature of Signing Officer or Director_____
Date