

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008022

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** STONEYWOOD COVE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O REALMANAGE  
4902 EISENHOWER BLVD STE 216  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 803555  
DALLAS, TX 75380

**New Mailing Address:**

**FEI Number:** 20-3497299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: CLARK, NANCY  
Address: 4902 EISENHOWER BLVD STE 216  
City-St-Zip: TAMPA, FL 33634

Title: VP  
Name: TREALOUT, THOMAS  
Address: 4902 EISENHOWER BLVD STE 216  
City-St-Zip: TAMPA, FL 33634

Title: TD  
Name: LECHLITNER, KEVIN  
Address: 4902 EISENHOWER BLVD STE 216  
City-St-Zip: TAMPA, FL 33634

Title: SD  
Name: DOLNEY, CAROL  
Address: 4902 EISENHOWER BLVD STE 216  
City-St-Zip: TAMPA, FL 33634

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: NANCY CLARK

PD

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date