

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05281

FILED
Apr 30, 2009
Secretary of State

Entity Name: STONEWOOD MANORHOMES ASSOCIATION, INC.

Current Principal Place of Business:

7249 DR PHILLIPS BLVD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

C/O LIGHTHOUSE MANAGEMENT
PO BOX 0774
WINDERMERE, FL 347860774

New Mailing Address:

C/O LIGHTHOUSE MGMT. & CONSULTING
PO BOX 0774
WINDERMERE, FL 347860774

FEI Number: 59-2607593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
C/O MARLENE KIRKLAND, ESQ.
2500 MAITLAND CENTER PARKWAY STE 209
MAITLAND, FL 32751 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: DS () Delete
Name: SPINA, FRANK
Address: 7764 HARLIE DR
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: BOWLIN, MARK
Address: 7304 DELLA DR
City-St-Zip: ORLANDO, FL 32819

Title: DT () Delete
Name: CORMIER, TOM
Address: 7324 DELLA DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: THOMAS, JERRY
Address: 7265 DR PHILLIPS BLVD
City-St-Zip: ORLANDO, FL 32819

Title: DVP () Delete
Name: KANE, BRYAN
Address: 7229 DR. PHILLIPS BLVD
City-St-Zip: ORLANDO, FL 32819

Title: DP () Delete
Name: ABBOTT, BILL
Address: 7249 DR. PHILLIPS BLVD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: EMERY, ARLENE
Address: 7250 DELLA DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change () Addition
Name: CORMIER, TOM
Address: 7324 DELLA DRIVE
City-St-Zip: ORLANDO, FL 32819

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: BILL ABBOTT

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date