

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05428 (0)

1. Corporation Name

STONE ISLAND ESTATES, UNIT ONE, HOMEOWNERS ASSOC
IATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4185
ENTERPRISE FL 32725
USP.O. BOX 4185
ENTERPRISE FL 32725-0185
US3. Date Incorporated or Qualified
10/01/19843a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HATHAWAY, DONALD E.
430 SUNSET RD.
ENTERPRISE FL 3272581 Name Tina Robbins
82 Street Address (P.O. Box Number is Not Acceptable)
1636 Horse Shoe Rd.
83
84 City Enterprise FL 85 Zip Code 32725

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HATHAWAY, DONALD E	
STREET ADDRESS	430 SUNSET ROAD	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JERRY	
STREET ADDRESS	1626 HORSESHOE RD.	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, DIANE	
STREET ADDRESS	1527 ARROWHEAD TR.	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOLDER, VERA	
STREET ADDRESS	395 STONE ISLAND ROAD	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GROLZ, ROBERT	
STREET ADDRESS	400 STONE ISLAND RD.	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, GEORGE	
STREET ADDRESS	164 HORSESHOE RD.	
CITY-ST-ZIP	ENTERPRISE FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tina Robbins	
1.3 STREET ADDRESS	1636 Horseshoe Rd.	
1.4 CITY-ST-ZIP	Enterprise FL 32725	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Julian Jones	
2.3 STREET ADDRESS	1608 Horseshoe Rd	
2.4 CITY-ST-ZIP	Enterprise FL 32725	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Susan Mutchler	
3.3 STREET ADDRESS	1612 Horseshoe Road	
3.4 CITY-ST-ZIP	Enterprise 32725	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Hundley	
4.3 STREET ADDRESS	Enterprise Florida 32725	
4.4 CITY-ST-ZIP	1604 Horseshoe Rd.	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Don Hathaway	
5.3 STREET ADDRESS	430 Sunset Road	
5.4 CITY-ST-ZIP	Enterprise, FL 32725	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/28/97 741-5025
Daytime Phone # 0013577

CR2E037 (9/96)