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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05428**

1. Corporation Name
STONE ISLAND ESTATES, UNIT ONE, HOMEOWNERS ASSOCIATION, INC.

* 560096 - 90060 - 13 *

Principal Place of Business	Mailing Address
P.O. BOX 4195 ENTERPRISE FL 32725 US	P.O. BOX 4195 ENTERPRISE FL 32725 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 10/01/1984

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBBINS, TINA
1636 HORSESHOE RD
ENTERPRISE FL 32725

10. Name and Address of New Registered Agent

81 Name: Melissa Spinney
82 Street Address (P.O. Box Number is Not Acceptable): 478 Sunset Rd.
83
84 City: Enterprise FL 85 Zip Code: 32725

11. Pursuant to the provisions of Sections 617.0502 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: Melissa Spinney Pres. DATE: 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME	ROBBINS, TINA		1.2 NAME	Spinney, Melissa	
STREET ADDRESS	1636 HORSESHOE RD		1.3 STREET ADDRESS	478 Sunset Rd.	
CITY-ST-ZIP	ENTERPRISE FL		1.4 CITY-ST-ZIP	Enterprise, FL 32725	
TITLE	VP	☑ DELETE	2.1 TITLE	V.P.	☑ Change ☐ Addition
NAME	JONES, JULLIAN		2.2 NAME	Hundley, John	
STREET ADDRESS	1608 HORSESHOE RD		2.3 STREET ADDRESS	1604 Horseshoe Rd.	
CITY-ST-ZIP	ENTERPRISE FL		2.4 CITY-ST-ZIP	Enterprise, FL	
TITLE	S	☑ DELETE	3.1 TITLE	Secy.	☐ Change ☑ Addition
NAME	MUTCHLER, SUSAN		3.2 NAME	Maxwell, Pattie	
STREET ADDRESS	16122 HORSESHOE RD		3.3 STREET ADDRESS	1632 Horseshoe Rd.	
CITY-ST-ZIP	ENTERPRISE FL		3.4 CITY-ST-ZIP	Enterprise, FL 32725	
TITLE	T	☑ DELETE	4.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	HUNDLEY, JOHN		4.2 NAME	Hundley, Kathleen	
STREET ADDRESS	1604 HORSESHOE RD		4.3 STREET ADDRESS	1604 Horseshoe Rd	
CITY-ST-ZIP	ENTERPRISE FL		4.4 CITY-ST-ZIP	Enterprise, FL 32725	
TITLE	D	☑ DELETE	5.1 TITLE	DIR	☑ Change ☐ Addition
NAME	HATHAWAY, DON		5.2 NAME	Jones, Julian	
STREET ADDRESS	430 SUNSET ROAD		5.3 STREET ADDRESS	1608 Horseshoe Rd.	
CITY-ST-ZIP	ENTERPRISE FL		5.4 CITY-ST-ZIP	Enterprise, FL 32725	
TITLE	D	☑ DELETE	6.1 TITLE	DIR	☑ Change ☐ Addition
NAME	SANCHEZ, GEORGE		6.2 NAME	JAN LAMCA	
STREET ADDRESS	164 HORSESHOE RD.		6.3 STREET ADDRESS	1530 PRAIRIE RD	
CITY-ST-ZIP	ENTERPRISE FL		6.4 CITY-ST-ZIP	ENTERPRISE, FL 32725	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Melissa Spinney Pres. REQUIRED 4/20/99 407-324-2033
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR — Date — Daytime Phone #