

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05428

1. Entity Name

STONE ISLAND ESTATES, UNIT ONE, HOMEOWNERS ASSOC

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90052 035 ****61.25

Principal Place of Business

P.O. BOX 4195
ENTERPRISE FL 32725
US

Mailing Address

P.O. BOX 4195
ENTERPRISE FL 32725
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPINNEY, MELISSA
478 SUNSET RD.
ENTERPRISE FL 32725

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MELISSA SPINNEY

1/29/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SPINNEY, MELISSA	
STREET ADDRESS	478 SUNSET RD.	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUNDLEY, JOHN	
STREET ADDRESS	1604 HORSESHOE RD.	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAXWELL, PATTIE	
STREET ADDRESS	1632 HORSESHOE RD.	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUNDLEY, KATHLEEN	
STREET ADDRESS	1604 HORSESHOE RD	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, JULIAN	
STREET ADDRESS	480 STONE ISLAND ROAD	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, DIANE	
STREET ADDRESS	1545 ARROWHEAD TR	
CITY-ST-ZIP	ENTERPRISE FL 32725	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, PATTIE	
STREET ADDRESS	1632 HORSESHOE RD	
CITY-ST-ZIP	ENTERPRISE, FL	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINNEY, MELISSA	
STREET ADDRESS	478 SUNSET RD.	
CITY-ST-ZIP	ENTERPRISE FL: 32725	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adams, Rebecca	
STREET ADDRESS	522 Stone Island Rd.	
CITY-ST-ZIP	Enterprise, FL 32725	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, JAMES	
STREET ADDRESS	1696 HORSESHOE RD	
CITY-ST-ZIP	ENTERPRISE, FL 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIAN BUCHANAN	
STREET ADDRESS	1530 PRARIE ROAD	
CITY-ST-ZIP	ENTERPRISE, FL, 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MELISSA SPINNEY 1/29/01 (407) 324-2033

CR2E037 (10/00)

Attachment #
N05428

#N05428

Title Name Street Address City-St-Zip	D Don Fugent 480 Stone island road Enterprise, Fl. 32725
Title Name Street Address City-St-Zip	D Vera Holder 395 Stone Island Road Enterprise, Fl. 32725
Title Name Street Address City-St-Zip	D Susan Mutchler 1612 Horseshoe Rd. Enterprise, Fl. 32725