

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90325 030 ****61.25

DOCUMENT # N05428

1. Entity Name

STONE ISLAND ESTATES, UNIT ONE, HOMEOWNERS ASSOCIATION, INC.

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

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 **PATTI MAXWELL**

Street Address (P.O. Box Number is Not Acceptable)
1632 HORSE SHOE RD.

City **ENTERPRISE** FL Zip Code **32725**

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

1-25-2002

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	VP	<input checked="" type="checkbox"/> Delete
NAME	SPINNEY, MELISSA	
STREET ADDRESS	478 SUNSET RD.	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	S	<input type="checkbox"/> Delete
NAME	ADAMS, REBECCA	
STREET ADDRESS	522 STONE ISLAND ROAD	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAXWELL, PATTIE	
STREET ADDRESS	1632 HORSESHOE RD.	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUNDLEY, KATHLEEN	
STREET ADDRESS	1604 HORSESHOE RD	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUGHES, JAMES	
STREET ADDRESS	1696 HORSE SHOE 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	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK SIMMONS	
STREET ADDRESS	391 STONE ISLAND RD.	
CITY-ST-ZIP	ENTERPRISE, FLORIDA 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON FUGENT	
STREET ADDRESS	480 STONE ISLAND RD.	
CITY-ST-ZIP	ENTERPRISE, FLORIDA 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERA HOLDER	
STREET ADDRESS	395 STONE ISLAND RD.	
CITY-ST-ZIP	ENTERPRISE, FLORIDA 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT SANTUCI	
STREET ADDRESS	510 STONE ISLAND RD.	
CITY-ST-ZIP	ENTERPRISE, FLORIDA 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JILLIAN BUCHANAN	
STREET ADDRESS	1530 PEARIE RD	
CITY-ST-ZIP	ENTERPRISE, FLORIDA 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:

JAMES R. HUGHES

1-25-02 407-302-1743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CH2E037 (9/01)