2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N05428

Entity Name: STONE ISLAND ESTATES, UNIT ONE, HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 4195
ENTERPRISE, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4195
ENTERPRISE, FL 32725 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES, JAMES
1696 HORSESHOE ROAD
ENTERPRISE, FL 32725

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:	VP	( ) Delete
Name:	WEYANT, RICHARD	
Address:	1656 HORSESHOE ROAD	
City-St-Zip:	ENTERPRISE, FL 32725	
Title:	S	( ) Delete
Name:	ADAMS, JOHN	
Address:	522 STONE ISLAND ROAD	
City-St-Zip:	ENTERPRISE, FL 32725	
Title:	T	( ) Delete
Name:	SANTUCI, BOB	
Address:	494 STONE ISLAND ROAD	
City-St-Zip:	ENTERPRISE, FL 32725	
Title:	D	( ) Delete
Name:	BUCHANAN, JOHN	
Address:	1530 PRAIRIE RD	
City-St-Zip:	ENTERPRISE, FL 32725	
Title:	P	( ) Delete
Name:	HUGHES, JAMES	
Address:	1696 HORSE SHOE ROAD	
City-St-Zip:	ENTERPRISE, FL 32725	
Title:	D	( ) Delete
Name:	THOMAS, DIANE	
Address:	1545 ARROWHEAD TR	
City-St-Zip:	ENTERPRISE, FL 32725	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: BOB SANTUCI T 04/27/2004

Electronic Signature of Signing Officer or Director — Date