

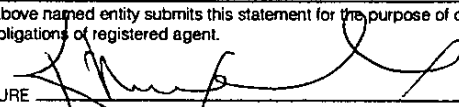
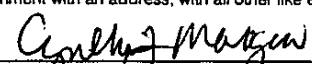


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90012 018 \*\*\*\*61.25

<b>DOCUMENT # N05428</b> 1. Entity Name <b>STONE ISLAND ESTATES, UNIT ONE, HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 4195 ENTERPRISE, FL 32725 US</b>			Mailing Address <b>P.O. BOX 4195 ENTERPRISE, FL 32725 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03012005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HUGHES, JAMES 1696 HORSESHOE ROAD ENTERPRISE, FL 32725</b>			7. Name and Address of New Registered Agent Name <b>MAXWELL KEVIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1632 HORSESHOE RD</b> City <b>ENTERPRISE</b> FL <b>32725</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>MAXWELL KEVIN PRESIDENT 03-09-05</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEYANT, RICHARD 1656 HORSESHOE ROAD ENTERPRISE, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HATHAWAY DON 430 SUNSET RD ENTERPRISE FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, JOHN 522 STONE ISLAND ROAD ENTERPRISE, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN CINDY 1604 HORSESHOE RD ENTERPRISE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTUCI, BOB 494 STONE ISLAND ROAD ENTERPRISE, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWEETON GARY 1450 SHELLMOUND RD ENTERPRISE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, JOHN 1530 PRAIRIE RD ENTERPRISE, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLEICHER SEFF 1409 SHELLMOUND RD ENTERPRISE FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, JAMES 1696 HORSE SHOE ROAD ENTERPRISE, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOYLE MARY 1516 TIMBER TRAIL ENTERPRISE FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DIANE 1545 ARROWHEAD TR ENTERPRISE, FL 32725	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOYLE JOHN 1516 TIMBER TRAIL ENTERPRISE FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>03-09-05</b> <small>Date Daytime Phone #</small>		