


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90344 029 ****61.25

DOCUMENT # N05428 1. Entity Name STONE ISLAND ESTATES, UNIT ONE, HOMEOWNERS ASSOCIATION, INC.					
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 430 SUNSET RD Suite, Apt. #, etc.		3. Mailing Address ABOVE Suite, Apt. #, etc.			
City & State ENTERPRISE FL Zip 32725		City & State Zip Country INDONESIA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent MAXWELL, KEVIN 1632 HORSESHOE RD ENTERPRISE, FL 32725			7. Name and Address of New Registered Agent Name HATHAWAY DON Street Address (P.O. Box Number is Not Acceptable) 430 SUNSET RD ENTERPRISE FL 32725 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Donald E Hathaway</u> HATHAWAY DON PRESIDENT. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME HATHAWAY, DON STREET ADDRESS 430 SUNSET RD CITY-ST-ZIP ENTERPRISE, FL 32725	<input type="checkbox"/> Delete		TITLE P NAME HATHAWAY DON STREET ADDRESS 430 SUNSET RD CITY-ST-ZIP ENTERPRISE FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MORGAN, CINDY STREET ADDRESS 1604 HORSESHOE RD CITY-ST-ZIP ENTERPRISE, FL 32725	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SWEETON, GARY STREET ADDRESS 1450 SHELLMOUND RD CITY-ST-ZIP ENTERPRISE, FL 32725	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SCHLEICHER, JEFF STREET ADDRESS 1409 SHELLMOUND RD CITY-ST-ZIP ENTERPRISE, FL 32725	<input checked="" type="checkbox"/> Delete		TITLE NAME THOMAS WIDNER STREET ADDRESS 397 STONE ISLAND RD CITY-ST-ZIP ENTERPRISE FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME DOYLE, MARY STREET ADDRESS 1516 TIMBER TRAIL CITY-ST-ZIP ENTERPRISE, FL 32725	<input checked="" type="checkbox"/> Delete		TITLE NAME RODNEY BARBER STREET ADDRESS FRANK NORMAN CITY-ST-ZIP 1530 PRAIRIE RD ENTERPRISE, FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DOYLE, JOHN STREET ADDRESS 1516 TIMBER TRAIL CITY-ST-ZIP ENTERPRISE, FL 32725	<input checked="" type="checkbox"/> Delete		TITLE NAME RODNEY BARBER STREET ADDRESS 1582 PRAIRIE RD CITY-ST-ZIP 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 exemptions contained in Chapter 119, 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: <u>Donald E Hathaway</u> DONALD E. HATHAWAY 4-20-06 407-323-9612 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					