2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007
Secretary of State

DOCUMENT# N05428

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

Current Principal Place of Business:

430 SUNSET RD
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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HATHAWAY, DON
430 SUNSET RD
ENTERPRISE, FL 32725 US

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:	P	( ) Delete
Name:	HATHAWAY, DON	
Address:	430 SUNSET RD	
City-St-Zip:	ENTERPRISE, FL 32725	
Title:	S	( ) Delete
Name:	MORGAN, CINDY	
Address:	1604 HORSESHOE RD	
City-St-Zip:	ENTERPRISE, FL 32725	
Title:	D	( ) Delete
Name:	SWEETON, GARY	
Address:	1450 SHELLMOUND RD	
City-St-Zip:	ENTERPRISE, FL 32725	
Title:	D	( ) Delete
Name:	WIONER, THOMAS	
Address:	397 STONE ISLAND RD	
City-St-Zip:	ENTERPRISE, FL 32725	
Title:	T	( ) Delete
Name:	NORMAN, FRANK	
Address:	1530 PRAIRIE RD	
City-St-Zip:	ENTERPRISE, FL 32725	
Title:	D	( ) Delete
Name:	BARBER, RODNEY	
Address:	1582 PRAIRIE RD	
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 exemption stated 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 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: FRANK NORMAN T 05/30/2007

Electronic Signature of Signing Officer or Director — Date