2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05428

FILED Jun 03, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

430 SUNSET RD 1632 HORSESHOE ROAD ENTERPRISE, FL 32725 US ENTERPRISE, FL 32725 US

Current Mailing Address: New Mailing Address:

P.O. BOX 4195

ENTERPRISE, FL 32725 US

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: Name and Address of New Registered Agent:

HATHAWAY, DON MAXWELL, KEVIN

430 SUNSET RD 1632 HORSESHOE ROAD ENTERPRISE, FL 32725 US ENTERPRISE, FL 32725 US

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: KEVIN MAXWELL 06/03/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P () Delete Title: PP (X) Change () Addition

 Name:
 HATHAWAY, DON
 Name:
 HATHAWAY, DON

 Address:
 430 SUNSET RD
 Address:
 430 SUNSET RD

 City-St-Zip:
 ENTERPRISE, FL 32725
 City-St-Zip:
 ENTERPRISE, FL 32725

Title: S () Delete Title: PR (X) Change () Addition Name: MORGAN, CINDY Name: MORGAN, CINDY

Address: 1604 HORSESHOE RD Address: 1604 HORSESHOE RD City-St-Zip: ENTERPRISE, FL 32725 City-St-Zip: ENTERPRISE, FL 32725

Title: D () Delete Title: T (X) Change () Addition

 Name:
 SWEETON, GARY
 Name:
 MAXWELL, KEVIN

 Address:
 1450 SHELLMOUND RD
 Address:
 1632 HORSESHOE ROAD

 City-St-Zip:
 ENTERPRISE, FL 32725
 City-St-Zip:
 ENTERPRISE, FL 32725

Title: D () Delete Title: S (X) Change () Addition

 Name:
 WIONER, THOMAS
 Name:
 BARBER, LYNN

 Address:
 397 STONE ISLAND RD
 Address:
 1582 PRAIRIE RD

 City-St-Zip:
 ENTERPRISE, FL 32725
 City-St-Zip:
 ENTERPRISE, FL 32725

Title: T () Delete Title: VP (X) Change () Addition

 Name:
 NORMAN, FRANK
 Name:
 WILLIAMS, JOANNE

 Address:
 1530 PRAIRIE RD
 Address:
 P.O. BOX 4195

 City-St-Zip:
 ENTERPRISE, FL 32725
 City-St-Zip:
 ENTERPRISE, FL 32725

Title: D () Delete Title: P (X) Change () Addition

 Name:
 BARBER, RODNEY
 Name:
 BARBER, RODNEY

 Address:
 1582 PRAIRIE RD
 Address:
 1582 PRAIRIE RD

 City-St-Zip:
 ENTERPRISE, FL 32725
 City-St-Zip:
 ENTERPRISE, FL 32725

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: KEVIN MAXWELL T 06/03/2008