2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05428

FILED May 02, 2010 Secretary of State

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

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

450 SUNSET ROAD

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:

ROTHERMUND, DIANNE 450 SUNSET ROAD

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: O'KANE, KATHLEEN Address: 1460 SHELLMOUND City-St-Zip: ENTERPRISE, FL 32725

Title: VP

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

Title:

Name: ROTHERMUND, DIANNE Address: 450 SUNSET ROAD City-St-Zip: ENTERPRISE, FL 32725

Title: 9

 Name:
 MORGAN, CINDY

 Address:
 1604 HORSESHOE RD

 City-St-Zip:
 ENTERPRISE, FL 32725

Title: VP

Name: WILLIAMS, JOANNE Address: P.O. BOX 4195

City-St-Zip: ENTERPRISE, FL 32725

Title: AT

Name: HOLDER, VERA

Address: 395 STONE ISLAND ROAD City-St-Zip: ENTERPRISE, FL 32725

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN O'KANE P 05/02/2010