

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90098 010 ****61.25

0003881

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAXWELL, PATTI
1622 HORSE SHOE RD
ENTERPRISE FL 32725**

7. Name and Address of New Registered Agent

Name

HUGHES, JAMES

Street Address (P.O. Box Number is Not Acceptable)

1696 HORSESHOE RD

City

ENTERPRISE

FL

Zip Code

32725

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

James R. Hughes

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, PATRICK	
STREET ADDRESS	591 STONE BLAND RD	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, REBECCA	
STREET ADDRESS	522 STONE ISLAND ROAD	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAXWELL, PATTIE	
STREET ADDRESS	1632 HORSESHOE RD.	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FUGENT, DON	
STREET ADDRESS	480 STONE ISLAND RD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUGHES, JAMES	
STREET ADDRESS	1696 HORSE SHOE ROAD	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, DIANE	
STREET ADDRESS	1545 ARROWHEAD TR	
CITY-ST-ZIP	ENTERPRISE FL 32725	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEYANT, RICHARD	
STREET ADDRESS	1656 HORSESHOE RD	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, JOAN	
STREET ADDRESS	522 STONE ISLAND RD	
CITY-ST-ZIP	ENTERPRISE, FL 32725	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTUCI, BOB	
STREET ADDRESS	494 STONE ISLAND RD.	
CITY-ST-ZIP	ENTERPRISE, FL 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHANAN, JOHN	
STREET ADDRESS	1530 PRARIE RD	
CITY-ST-ZIP	ENTERPRISE, FL 32725	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JAMES	
STREET ADDRESS	1696 HORSESHOE RD.	
CITY-ST-ZIP	ENTERPRISE, FL 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLDER, VERA	
STREET ADDRESS	395 STONE ISLAND RD	
CITY-ST-ZIP	ENTERPRISE, FL 32725	

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.

SIGNATURE:

ROBERT L. SANTUCI JR

ROBERT L. SANTUCI JR

09/08/2003

407.851.0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407.851.0000

CR2E037 (4/03)