

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001016

FILED  
May 29, 2008  
Secretary of State

**Entity Name:** STONEYBROOK SOUTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

19 E. CENTRAL BLVD.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 781291  
ORLANDO, FL 32826

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:**

SURFACE, FRANK  
19 E. CENTRAL BLVD.  
ORLANDO, FL 32801 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: P ( ) Delete  
Name: WILLIAMS, TRACY  
Address: 19 E. CENTRAL BLVD.  
City-St-Zip: ORLANDO, FL 32801 US

Title: VP ( ) Delete  
Name: STAPP, WES  
Address: 19 E. CENTRAL BLVD.  
City-St-Zip: ORLANDO, FL 32801 US

Title: TS ( ) Delete  
Name: BONIN, ROB  
Address: 19 E. CENTRAL BLVD.  
City-St-Zip: ORLANDO, FL 32801 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LOCASCIO, MARYJO  
Address: 19 E. CENTRAL BLVD.  
City-St-Zip: ORLANDO, FL 32801 US

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: MARYJO LOCASCIO

PD

05/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date