


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000008145

1. Entity Name
STONEWOOD HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.



Principal Place of Business 3020 S. FLORIDA AVE. STE 101 LAKELAND, FL 33803	Mailing Address 3020 S. FLORIDA AVE. STE 101 LAKELAND, FL 33803
---	---



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 87-0780025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ADAMS, D. JOEL
 3020 S. FLORIDA AVE.
 STE 101
 LAKELAND, FL 33803**

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, D. JOEL 3020 S. FLORIDA AVE., STE. 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, ROBERT J 3020 S. FLORIDA AVE., STE. 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LINDSEY; GEORGE M III 3020 S. FLORIDA AVE., STE. 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000814462
 02/13/08-90045-010/61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____