

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010581

FILED
Jan 27, 2009
Secretary of State

Entity Name: STONEWOOD COMMONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5650 PARK BLVD.
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

5650 PARK BLVD.
PINELLAS PARK, FL 33781

New Mailing Address:

P O BOX 2660
LAND O' LAKES, FL 34639 US

FEI Number: 26-2716494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, JAMES E
6947 LAND OF LAKES BLVD
LAND OF LAKES, FL 34638 US

Name and Address of New Registered Agent:

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: HALE, FRED H
Address: 5650 PARK BLVD.
City-St-Zip: PINELLAS PARK, FL 33781

Title: T () Delete
Name: JACKSON, JAMES E
Address: 6947 LAND OF LAKES BLVD
City-St-Zip: LAND OF LAKES, FL 34638

Title: VP () Delete
Name: FISCHER, ROBERT C
Address: 7300 56TH STREET N.
City-St-Zip: PINELLAS PARK, FL 33781

Title: S () Delete
Name: BLANKENSHIP, CHARLES
Address: 7304 56TH STREET N
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES E JACKSON

RA

01/27/2009

Electronic Signature of Signing Officer or Director

Date