2008 NOT-FOR-PROFIT CORPORATION

FILED Jan 31, 2008 8:00 am Secretary of State

ANNUAL REPORT	

DOCUMENT # N09252 IL STONE MANUFACTURE SASSOCIATION AT WINWOOD, INC. Principal Place of Beariness 5002 enWiNDO WAY P. D. BOX 1738 WINDERMER, F. 34785 US A0014604 2. Principal Place of Beariness 5002 enWiNDO WAY P. D. BOX 1738 WINDERMER, F. 34785 US 3. Milling Address Sulfa, ASI, A, oc. Sulfa, ASI		AIIIIOAL			Ο,	ccicu	iry or S	
SILE ANDO, FL 32819 US WINDERMERÉ, FL 34786 US WINDERMERÉ, FL 34786 US Surie, Api #, etc.	1. Entity Name						90018 023 ****	61.25
Suite, Apil. 4, etc. City & State	5002 WINWOOD WAY P. O. BOX 1784		786 US			18/4 B/8/1 B/8/1 B/8/1 B/B/1 B/8/1	511 0 61 186 5	
City & State Country Country S. Certificate of Status Desired Nav Applicable See Required Nav Applicable See Required See Required Nav Applicable See Required See Required National See Required National See Required National See Required See Required National See Required National See Required National National See Required National National	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Secretary Secr	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01282008 Ch	g-NP	CR2E037 (12/06)	
S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required Status Address of Current Registered Agent Status Address (P.O. Box Number is Not Acceptable) Cay FL Zip Code Status Address of Pox Registered Agent Status Address (P.O. Box Number is Not Acceptable) Cay FL Zip Code Status Address of Pox Registered agent Status Address (P.O. Box Number is Not Acceptable) Cay FL Zip Code Status Address of Pox Registered agent Status Address of Pox R	City & Stat	е	City & State			7	 	
Name Steel Address (F.O. Box Number is Not Acceptable) City FL Zip Code DATE City FL Zip Code City City FL Zip Code City City FL Zip Code DATE City City FL Zip Code DATE City City FL Zip Code DATE Addition State of Florida Department of State Florida Department of State	Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired		
Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Reg	gistered Agent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. In part of the obligations of registered agent. or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florids. I am familiar with, and accept the obligation and familiar agent agents required agent agents required agent agents required agent agents. In part of the obligations of Florids agent available agent agents required agen					(D.O. O. N) - N			
B. The above named entity submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida. I am Isrnikar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE				Street Addre	ss (P.O. Box Number is N	iot Acceptable)		
SIGNATURE Signature, typed or preset name of registered agent, and list of applicable. (NOTE: Registered Agent arginuture recoursed antern certainty) DATE				City			FL Zip Code	e
Spreadows, typed or privated spore and table if apportable. (NOTE) Regulared Againt signature required when remissiong) DATE			or the purpose of changing i	ts registered office or regi	istered agent, or both, in I	the State of Flori	da. I am familiar with,	and accept
Spreadows, typed or privated spore and table if apportable. (NOTE) Regulared Againt signature required when remissiong) DATE								
Trust Fund Contribution. □ Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE TO	SIGNATURE .							
TITLE NAME JACKIE PAGE JOHNWOOD WAY OTV-ST-ZIP ORLANDO, FL 32819 TITLE NAME STREET ADDRESS OTTV-ST-ZIP ORLANDO, FL 32819 TITLE SD NAME STREET ADDRESS OTTY-ST-ZIP ORLANDO, FL 32819 TITLE NAME STREET ADDRESS OTTY-ST-ZIP ORLANDO STREET ADDRESS	SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NC	OTE: Registered Agent signature red	juired when reinstating)		DATE	
NAME SIREET ADDRESS SOTO WINWOOD WAY OPLANDO, FL 32819 CITY-ST-ZIP NAME SIREET ADDRESS OPLANDO, FL 32819 CITY-ST-ZIP NAME ARUE, DIANA A932 WINWOOD WAY OPLANDO, FL 32819 CITY-ST-ZIP NAME GODIN, NANCY F SIREET ADDRESS CITY-ST-ZIP NAME PATRICK, JEFF NAME PATRICK, JEFF NAME SIREET ADDRESS CITY-ST-ZIP OPLANDO, FL 32819 CITY-ST-ZIP OPLANDO, FL	SIGNATURE .	Filing Fee is \$61.25	9. Election C	ampaign Financing	\$5.00 May Be		ke check payable to	
STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP Change Addition		Filing Fee is \$61.25 Due by May 1, 2008	9. Election C. Trust Fund	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Florid	ke check payable to la Department of Si	tate
CITY-ST-ZIP ORLANDO, FL 32819 IIILE AMA ANAME AP32 WINWOOD WAY ORLANDO, FL 32819 IIILE VPD GODIN, NANCY F STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 IIILE VPD GODIN, NANCY F STREET ADDRESS CITY-ST-ZIP IIILE SD PATRICK, JEFF ANAME STREET ADDRESS ORLANDO, FL 32819 IIILE SD PATRICK, JEFF ANAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 IIILE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 IIILE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 IIILE ORLANDO FL	10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election C Trust Fund RECTORS	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Florid	ke check payable to la Department of SI S AND DIRECTORS IN	10
TITLE NAME LARUE, DIANA SIREET ADDRESS CITY-SI-ZIP ORLANDO, FL 32819 TITLE NAME GODIN, NANCY F SIREET ADDRESS CITY-SI-ZIP ORLANDO, FL 32819 TITLE SD NAME SIREET ADDRESS CITY-SI-ZIP TITLE TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADD	10. TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election C Trust Fund RECTORS	ampaign Financing Contribution. 11.	\$5.00 May Be Added to Fees	Florid	ke check payable to la Department of SI S AND DIRECTORS IN	10
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TITLE VPD GODIN, NANCY F STREET ADDRESS 5027 WINNWOOD WAY CITY-SI-ZIP ORLANDO, FL 32819 TITLE SD Delete ITITLE NAME PATRICK, JEFF NAME STREET ADDRESS GOTIY-SI-ZIP ORLANDO, FL 32819 TITLE NAME PATRICK, JEFF NAME STREET ADDRESS OF ORLANDO, FL 32819 TITLE NAME PATRICK, JEFF NAME STREET ADDRESS OF ORLANDO, FL 32819 TITLE NAME STREET ADDRESS GOTIY-SI-ZIP ORLANDO, FL 32819 TITLE NAME STREET ADDRESS GOTIY-SI-ZIP ORLANDO PL 32819 TITLE NAME STREET	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI TO JACKIE PAGE 5010 WINWOOD WAY ORLANDO, FL 32819	9. Election C. Trust Func RECTORS	ampaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Florid	ke check payable to la Department of SI S AND DIRECTORS IN	10 Addition
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ITILE NAME STREET ADDRESS CITY-ST-ZIP 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, Elorida Statutes, and that my name appears in Block 10 or Block 11 if	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI TO JACKIE PAGE 5010 WINWOOD WAY ORLANDO, FL 32819 LARUE, DIANA 4932 WINWOOD WAY ORLANDO, FL 32819 VPD GODIN, NANCY F 5027 WINGWOOD WAY ORLANDO, FL 32819 SD PATRICK, JEFF 4916 WINDWOOD AVE	9. Election C. Trust Func RECTORS Delete Delete	ampaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Florid ES TO OFFICERS	ke check payable to la Department of Si S AND DIRECTORS IN Change Change Change	10 Addition Addition Addition
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