FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **N9600000065**

1. Corporation Name

STONEY POINT SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 5360 SOUTH FLORIDA AVENUE LAKELAND FL 33813 Mailing Address

5352 SOUTH FLORIDA AVE. LAKELAND FL 33813

US



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2. Principal P	lace of Business	2a.	Mailing Address				3. Date Incorporated or Qualifed 12/27/1996				
Suite, Apt.	# etc	1201	Suite, Apt. #, etc.				4. FEI Number	-	App	lied For	
22	#, 0 10.	27					NOT APPLICABLE	Ì	Not	Applicable	
City & Stat		21	City & State	· -			_	\$8	.75 A	dditional	
23	•	28					5. Certifcate of Status Desired		ee Re	quired	
Zip	Country	1201	Zip	Cou	ntry		6. Election Campaign Financing	\$	5.00	May Be	
24	25	29	30				Trust Fund Contribution		Added to Fees		
24	9. Name and Address of Current						10. Name and Address of New Register	ed Agent			
					81	Name					
MUNICZ D	ADEDT ID				00	Ot A Addes	(D.O. Boy Mymbor in Not Acceptable)				
NUNEZ, ROBERT JR.					82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	TH FLORIDA AVE.				83			-			
LAKELAND	FL 33813								,		
					84	City		5L │85	Zip C	ode	
11 Durement	to the provisions of Sections 617 0502	and 6	S17 1508 Florida Statutes	the a	bove	-named corpo	pration submits this statement for the purpos	e of chance	ing its	egistered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE						t signature required	(when reinstating) DATI	=			
40	Signature, typed or printed name of registered agent			egistered	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS		RECTO	RS IN 12	
12.	OFFICERS AND	DIK	DELETE	1.1 7	TI E		//DDITIONO/OTIVETED TO OTTOO		hange	Addition	
TITLE	PD		Opereig							_	
NAME	NUNEZ, ROBERT JR.			1.2 N							
STREET ADDRESS				1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL			-	TY-ST	r-ZIP			hange	Addition	
TITLE	TD		☐ DELETE	2.1 TI	ΠE			טט	ananye	☐ Addidon	
NAME	NUNEZ, JUNIS			2.2 N	AME						
STREET ADDRESS	5352 SOUTH FLORIDA AVE.			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL			2.40	ITY-S	T-ZIP					
TITLE	SD		☐ DELETE	3.1 TI	TLE		-		hange	Addition	
NAME	SPALDING, PATRICIA			3.2 N	AME						
STREET ADDRESS				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL			3.4. 0	ITY-S	T-ZIP					
TITLE			☐ DELETE	4,1 11					hange	☐ Addition	
NAME				4.2N	IAME						
STREET ADDRESS				4.3 S	TREET	ADDRESS					
CITY-ST-ZIP					ITY-S1						
TITLE	 		☐ DELETE	5.1 TI					hange	Addition	
NAME				5.2 N							
				5.3 S	TREET	ADDRESS					
STREET ADDRESS				1	ΠY-S1						
CITY-ST-ZIP			☐ DELETE	6.1 TI					hange	Addition	
TITLE				6.2 N					·	_	
NAME						ADDRESS					
STREET ADDRESS	(
CITY-ST-ZIP	<u></u>		. 11 de 1		ITY-S1		Section 119 07(3\(i)) Florida Statutes furthe	r cortife th	at the i-	formation	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99 9416440688