2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004
Secretary of State

DOCUMENT# N96000000065

Entity Name: STONEY POINT SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2131 ROCKY POINT DR.
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

2131 ROCKY POINT DR.
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3397640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETER, ROB
2180 ROCKY POINTE DR
LAKELAND, FL 33813 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: PD ( ) Delete
Name: PETER, ROBERT
Address: 2180 ROCKY POINTE DR
City-St-Zip: LAKELAND, FL 33813

Title: TD ( ) Delete
Name: PERRY, CAROLYN
Address: 4106 COBBLESTONE
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete
Name: GREEN, MEL
Address: 2142 ROCKY POINTE DR
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete
Name: JOHNSON, GWYNNE
Address: 4337 PEBBLE POINTE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: COKER, TERRI P
Address: 4349 PEBBLEPOINTE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change ( ) Addition
Name: VARNER, DONALD
Address: 2151 STONEY POINTE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: VPD (X) Change ( ) Addition
Name: BROCK, JEFF
Address: 4154 COBBLESTONE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Change (X) Addition
Name: LINDSAY, BARBARA
Address: 4267 PEBBLE POINTE DRIVE
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROB PETER PRES 07/13/2004

Electronic Signature of Signing Officer or Director — Date