2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2005 8:00 am Secretary of State

								TJ VI		
DOCUMENT # N9600000065 1. Entity Name STONEY POINT SUBDIVISION HOMEOWNERS ASSOCIATION, INC.							3-25-2005 9	-		
			POINT DR. L 33813							
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02102005 Ch	ng-NP	CR2E037 ((10/03)	
City & Stat	е	City & State				4. FEI Number 59-339764	0			plied For t Applicable
Zip	Country	Zip	C	ountry		5. Certificate of St.	atus Desired		3.75 Add Required	
	6. Name and Address of Current	Registered Agent				7. Name and Add	ress of New R	egistered Age	int	
	KY POINTE DR					nhow, 1 O. Box Number is 1	Not Acceptable)		
LAKELAN	D, FL 33813			21	157	Sing	Point	Dr		
				City L	akela			FL	Zip Code	33813
8. The above named entity submits his 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 Signature. Typed or printed fame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
_	lions of registered agent.	and title if applicable.	(NOTE: Regist	ered Agent signatu	ure required wi	hen reinstating)	•		6-0	5
_	lions of registered agent.	9. El	(NOTE: Regist lection Campaign rust Fund Contrib	n Financing		then reinstating) 55.00 May Be Added to Fees	· M		ayable to	,
_	Signature, hyped or printed harne of registered agent	9. Ei Tr	lection Campaigr	n Financing aution.	□ . A	5.00 May Be	M Flori	DATE ake check pa da Departme	ayable to	o ate
SIGNATURE 10. IIILE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. EI Tr RECTORS	lection Campaignust Fund Contrib	n Financing sution.	□ · AD	\$5.00 May Be Added to Fees DDITIONS/CHANG	Flori	DATE BKE CHECK PE Ida Departme	ayable to	o ate
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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 of trustee employered 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.

ERIC GREEN HOW PRES

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date SIGNATURE: _

ATTACHMENT

40038902 # N96000000065

11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN	10
title Name	Vesmond, Fran 44 45 Pubble Pointe Orive	Change	Add ition
STREET ADDRESS CITY-ST-ZIP	Lake land, FL 33813		
TITLE NAME STREET ADORESS CITY-ST-ZIP	·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME Street Adoress City-St-Zip		☐ Change	☐ Addition