

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90127 037 ****61.25

DOCUMENT # N96000000065					
1. Entity Name STONEY POINT SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2131 ROCKY POINT DR. LAKE LAND, FL 33813			Mailing Address 2131 ROCKY POINT DR. LAKE LAND, FL 33813		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3397640	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENHOW, ERIC 2157 STONEY POINTE DR LAKE LAND, FL 33813				7. Name and Address of New Registered Agent Name: <u>W.M. R. HARKINS, EA</u> Street Address (P.O. Box Number is Not Acceptable): <u>5600 U.S. Hwy 98 N.</u> <u>SUITE 1</u> City: <u>LAKE LAND</u> FL Zip Code: <u>33809</u>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> 3/1/06. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME GREENHAM, ERIC STREET ADDRESS 2157 STONEY POINTE DR CITY-ST-ZIP LAKE LAND, FL 33813	☒ Delete		TITLE PD BROCK, JEFF NAME 4154 COBBLESTONE DR STREET ADDRESS LAKE LAND, FL 33813 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE VPD NAME BRINKMAN, EARL STREET ADDRESS 2130 ROCKY POINTE DR CITY-ST-ZIP LAKE LAND, FL 33813	☒ Delete		TITLE VPD NAME RESTANI, PENNY STREET ADDRESS 4452 PEBBLE POINTE DR CITY-ST-ZIP LAKE LAND, FL 33813	☒ Change ☐ Addition	
TITLE TD NAME ROGERS, RYAN STREET ADDRESS 1931 ROCKY POINTE DR CITY-ST-ZIP LAKE LAND, FL 33813	☒ Delete		TITLE TD NAME JAMES JR, EDWARD WARD STREET ADDRESS 2170 STONEY POINTE DR CITY-ST-ZIP LAKE LAND, FL 33813	☒ Change ☐ Addition	
TITLE SD NAME HARVEY, JANIE STREET ADDRESS 4458 PEBBLE POINTE DR CITY-ST-ZIP LAKE LAND, FL 33813	☒ Delete		TITLE SD NAME DESMOND, FRANK STREET ADDRESS 4445 PEBBLE POINTE DR CITY-ST-ZIP LAKE LAND, FL 33813	☒ Change ☐ Addition	
TITLE D NAME BUTZ, BOB STREET ADDRESS 4255 PEBBLE POINTE DR CITY-ST-ZIP LAKE LAND, FL 33813	☐ Delete		TITLE PD BROCK, JEFF NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE D NAME CLARKE, TOM STREET ADDRESS 2067 ROCKY POINTE DR CITY-ST-ZIP LAKE LAND, FL 33813	☒ Delete		TITLE D NAME FALCON, DEBBIE STREET ADDRESS 4199 COBBLESTONE DR CITY-ST-ZIP LAKE LAND, FL 33813	☒ Change ☐ Addition	
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, 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.					
SIGNATURE: <u>[Signature]</u> <u>Jeff Brock</u> <u>3/24/06</u> <u>863-646-1843</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					