2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9600000065 1. Entity Name STONEY POINT SUBDIVISION HOMEOWNERS ASSOCIATION, INC.						03-03-2	2006 90127 03	37 **** <i>6</i>	51.25
Principal Place of Business 2131 ROCKY POINT DR. LAKELAND, FL 33813		Mailing Address 2131 ROCKY POINT DR. LAKELAND, FL 33813							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012006	Chg-NP	CR2E037 (11/05)	
City & State		City & State			4. FEI Numbe 59-339				lied For Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desire		.75 Addition	onal
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of Ne	w Registered Age	nt	
GREENHO	W FRIC		Name	M. R. HARKINS, EA					
2157 STO	NEY POINTE DR		Street A	Address (P.	O. Box Numbe	er is Not Accept	able) 78 N ·		
LAKELANI), FL 338 13					Huy	7070		
			City	<i>برن ک</i> کامہ ا	TE 1 CELAND)	FL	Zip Code	
9. The above	named entity submits this statement	for the purpose of changing its re	agistared office a			h in the State o		33/50	27
	ions of registered agent.	A	egistered office o	registeret	a agent, or bot	ii, iiv ii lo Stato O	THORGO. TARREST	III.GI 99101, CI	io accept
SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstaing) DATE OF THE PROPERTY OF THE									
	Grature, typed or printed name of registered ager	nt and title if epplicable. (NOTE: I	Registered Agent signat	ture required wi	hen reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		hen reinstating) 55.00 May B	e F	DATE Make check particular departments of the check particular department departments of the check particular departments of the check pa	ayable to	te
		9, Election Camp Trust Fund Co	paign Financing	AC	55.00 May B Added to Fees	ANGES TO OFF	Make check partme	ayable to ent of Stat	
3-16-1	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9, Election Camp Trust Fund Co	paign Financing ontribution.	AC	55.00 May B Added to Fees	ANGES TO OFF	Make check partme	ayable to ent of State	
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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:	LAND TYPED OR PRINTED NAME OF SIGNING OFFIC	Jeff Brock	3/24/06	863-646-1843 Dayume Phone
	<i>" V</i>			