2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90016 004 ****61.25

DOCUMENT # N96000000065

1. Entity Name
STONEY POINT SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779--504 4	2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779--504 4

03112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3397640 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, JAMES W JR 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779--504	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROCK, JEFF 4154 COBBLESTONE DR LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROCK, JEFF 4154 COBBLESTONE DR LAKELAND, FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, ROBERT E 1638 ROCKY POINTE DR LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARVEY, BILL 1804 ROCKY POINTE DR LAKELAND, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HODGKINSON, JOHN 1972 ROCKY POINTE DR LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRONK, MARTHA 1691 ROCKY POINTE DR LAKELAND, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DESMOND, FRAN 4445 PEBBLE PT DR LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBER, KEN 4121 COBBLESTONE DR LAKELAND, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDLESON, JANE 2136 ROCKY POINTE DR LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLUPEPPER, S GALE 1662 ROCKY POINTE DR LAKELAND, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D METCALFE, RONDAL W 1708 ROCKY POINTE DR LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADMAN, EDITH 1973 ROCKY POINTE DR LAKELAND, 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: Jeff Brock Jeff Brock 3-18-08 863-644-1843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #