


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT-# N97000004781					
1. Entity Name STONE GABLE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 196366 WINTER SPRINGS, FL 32719			Mailing Address PO BOX 196366 WINTER SPRINGS, FL 32719		
2. Principal Place of Business 119 STONE GABLE CIRCLE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State WINTER SPRINGS, FL Zip 32708		City & State		4. FEI Number 59-3463955	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONNER, LARRY 108 STONE GABLE CIRCLE WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name: BILLIAN, MELANIE Street Address (P.O. Box Number is Not Acceptable): 119 STONE GABLE CIRCLE City: WINTER SPRINGS FL Zip Code: 32708		
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>Melanie Billian</u> <u>Melanie Billian</u> <u>12/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	PD BONNER, LARRY 108 STONE GABLE CIRCLE WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILLIAN, MELANIE 119 STONE GABLE CIRCLE WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCWILLIAMS, STEVE 124 STONE GABLE CIRCLE WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROESNER, KEVIN P.O. BOX 1226 WINTER PARK, FL 32790	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HEATWOLE, DIANNE 118 STONE GABLE CIR WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MANUEL, ANNA P.O. BOX 196366 WINTER SPRINGS, FL 32719	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000082821700 12/28/06--01033--024 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000082821700 02/07/07--01053--036 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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>Melanie Billian</u> <u>Melanie Billian</u> <u>12/9/06</u> <u>4073343087</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

07 FEB -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT