

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90034 042 \*\*\*\*61.25

DOCUMENT # N97000004781

1. Entity Name  
STONE GABLE PROPERTY OWNERS ASSOCIATION,  
INC.



Principal Place of Business  
119 STONE GABLE CIRCLE  
WINTER SPRINGS, FL 32708

Mailing Address  
POST OFFICE BOX 196366  
WINTER SPRINGS, FL 32719

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

02072008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-3463955

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

BILLIAN, MELANIE  
119 STONE GABLE CIRCLE  
WINTER SPRINGS, FL 32708

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 PD  
NAME BILLIAN, MELANIE ☐ Delete  
STREET ADDRESS 119 STONE GABLE CIRCLE  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME ROESNER, KEVIN ☐ Delete  
STREET ADDRESS POST OFFICE BOX 1226  
CITY-ST-ZIP WINTER SPRINGS, FL 32790

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TSD ☒ Delete  
NAME MANUEL, ANNA  
STREET ADDRESS POST OFFICE BOX 196366  
CITY-ST-ZIP WINTER SPRINGS, FL 32719

TITLE TS ☒ Change ☐ Addition  
NAME GARMAN, MARILYN  
STREET ADDRESS 130 STONE GABLE CIRCLE  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME POOR, JOHN  
STREET ADDRESS 164 STONE GABLE CIRCLE  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Melanie Billian*

03/16/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #