

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001489

1. Entity Name

STONE FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2180 WEST SR 434, STE 5000
LONGWOOD FL 32779-5044

Mailing Address

2180 WEST SR 434, STE 5000
LONGWOOD FL 32779-5044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HART JR, JAMES W
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BEEMAN, WALTER
STREET ADDRESS 1241 SEMORAN BLVD STE 185
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE VD
NAME GRAHAM, WILLIAM
STREET ADDRESS 1241 SEMORAN BLVD, STE 185
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Delete

TITLE SD
NAME GANGWISCH, EDWARD
STREET ADDRESS 1241 SEMORAN BLVD, STE 185
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME ANUSZEWSKI, JAY
STREET ADDRESS 1241 SEMORAN BLVD ST 185
CITY-ST-ZIP CASSELBERRY, FL 32707 ☐ Change ☒ Addition

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Walter Beeman 2/5/01 407 679-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90028 038 *****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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