

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001489

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: STONE FOREST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

FEI Number: 59-3500355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KERSTEN, SHANE L  
Address: 2019 STONE ABBEY BLVD  
City-St-Zip: ORLANDO, FL 32825

Title: VPD ( ) Delete  
Name: ESTES, SHALENE  
Address: 2345 STONE ABBEY BLVD  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: PULIDO, HEATHER  
Address: 2249 HEATHWOOD CIR  
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: WISMER, PATTI  
Address: 1916 STONE ABBEY BLVD  
City-St-Zip: ORLANDO, FL 32825

Title: PD (X) Change ( ) Addition  
Name: ESTES, SHALENE  
Address: 2345 STONE ABBEY BLVD  
City-St-Zip: ORLANDO, FL 32825

Title: VPD (X) Change ( ) Addition  
Name: PULIDO, HEATHER  
Address: 2249 HEATHWOOD CIR  
City-St-Zip: ORLANDO, FL 32825

Title: TD ( ) Change (X) Addition  
Name: PANSEY, NEIL  
Address: 2131 HEATHWOOD CIR  
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHALENE ESTES

PD

04/19/2006

Electronic Signature of Signing Officer or Director

Date