

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000002455**

1. Entity Name  
**STONEHURST COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**5703 RED BUG ROAD BOX 258  
WINTER SPRINGS, FL 32708-4969**

Mailing Address  
**5703 RED BUG ROAD BOX 258  
WINTER SPRINGS, FL 32708-4969 US**



03052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3508432**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**EULIANO, JAMES B  
4585 OLD CARRIAGE TRAIL  
ATTN: STONEHURST COMMUNITY ASSOCIATION  
OVIEDO, FL 32765**

**DO NOT WRITE  
IN THIS SPACE**

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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D EULIANO, JAMES 4585 OLD CARRIAGE TR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D IOCCO, LARRY 4541 OLD CARRIAGE TR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D BARKER, CHRIS 4557 OLD CARRIAGE TRAIL OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D BEGLEY, PAT 4528 OLD CARRIAGE TR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

0600000857238  
03/31/08-80009-019-61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES EULIANO**

**3/1/08**  
Date

**407-677-7275**  
Daytime Phone #