2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State
03-13-2008 90027 036 ****61.25

DOCUMENT # N98000006963

1. Entity Name

STONEYWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO FL 32804	PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO FL 32804

1st MOORE CR2E037 (10/07)

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

4. FEI Number 59-3577260 ☐ 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
PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON ST., STE. 103 ORLANDO FL 32804	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 _____ 4.30-8
Signature required when changing registered agent address. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, LEWIS 1817 PRECIOUS CR APOPKA FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JACOB MOUSSA 1921 Precious Circle Apopka, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DOYLE, MAUREEN 1258 STONEYWOOD WAY APOPKA FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KEOPKE, KENNETH 1820 STONEYWOOD WAY APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secy/ TREASURER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZANNI, DAVID 1704 STONEY WOOD WAY APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Section 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: _____ April 6, 2008 407-928-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

321-256-0451

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ATTACHMENT
66006339

DOCUMENT # N98000006963

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4. FEI Number 59-3577260 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON ST., STE. 103
ORLANDO FL 32804

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 2-18-08
(Signature, typed or printed name of registered agent and the date. If agent is a corporation, the name and title of the officer or agent signing on behalf of the corporation must be typed or printed.)

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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SIGNATURE: _____ Apr 16 2008 407-928-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

321-256-0451