

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006963

FILED
Apr 13, 2009
Secretary of State

Entity Name: STONEYWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON STREET, SUITE 103
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON STREET, SUITE 103
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3577260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON ST., STE. 103
ORLANDO, FL 32804 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: P () Delete
Name: MOUSSA, JACOB
Address: 1921 PRECIOUS CIRVLE
City-St-Zip: APOPKA, FL 32712

Title: ST () Delete
Name: KEOPKE, KENNETH
Address: 1820 STONEYWOOD WAY
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: ZANNI, DAVID
Address: 1704 STONEY WOOD WAY
City-St-Zip: APOPKA, FL 32712

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEWMAN, STACY
Address: 1525 STONEYWOOD WAY
City-St-Zip: APOPKA, FL 32712

Title: VP (X) Change () Addition
Name: ZANNI, DAVID
Address: 1704 STONEYWOOD WAY
City-St-Zip: APOPKA, FL 32712

Title: S/T (X) Change () Addition
Name: KOEPKE, KEN
Address: 1820 STONEY WOOD WAY
City-St-Zip: APOPKA, FL 32712

Title: D () Change (X) Addition
Name: SMITH, LEWIS
Address: 1817 PRECIOUS CIR
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify 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: STACY NEWMAN

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date