2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# N98000006963

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:

PREMIER COMMUNITY MANAGERS, INC.
1250 BELLE AVE., SUITE 101
WINTER SPRINGS, FL 32708

Current Mailing Address:

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

New Mailing Address:

PREMIER COMMUNITY MANAGERS, INC.
1250 BELLE AVE., SUITE 101
WINTER SPRINGS, FL 32708

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:

PREMIER COMMUNITY MANAGERS, INC.
1250 BELLE AVE.
SUITE 101
WINTER SPRINGS, FL 32708 US

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: GARY HOUSE 04/12/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: KOEPKE, KENNETH
Address: 1250 BELLE AVE., SUITE 101
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ST
Name: HUTCHINS, LAURA G
Address: 1250 BELLE AVE., SUITE 101
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP
Name: SMITH, LEWIS S
Address: 1250 BELLE AVE., SUITE 101
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D
Name: ROGERS, AVERY J
Address: 1250 BELLE AVE., SUITE 101
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D
Name: ROGERS, TRACY M
Address: 1250 BELLE AVE., SUITE 101
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: KENNETH KOEPKE PRES 04/12/2012
Electronic Signature of Signing Officer or Director Date