2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N99000005102

Entity Name: STONEHAVEN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

951 BROKEN SOUND PKWY, SUITE 108
BOCA RATON, FL 33487 US

New Principal Place of Business:

2889 10TH AVE N
SUITE 302
LAKE WORTH, FL 33461 US

Current Mailing Address:

951 BROKEN SOUND PKWY, SUITE 108
BOCA RATON, FL 33487 US

New Mailing Address:

2889 10TH AVE N
SUITE 302
LAKE WORTH, FL 33461 US

FEI Number: 65-0993899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALYO, PAUL
951 BROKEN SOUND PKWY, SUITE 108
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

CROYLE, PHILIP
370 W CAMINO GARDENS BLVD
SUITE 300
BOCA RATON, FL 33432 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: ANDREA BORELL 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GESACION, JAMES N
Address: 1734 NEWHAVEN POINT LN
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DT ( ) Delete
Name: MILLS, DAVID
Address: 1573 STONEHAVEN ESTATES DR.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: ASHTON, JENNIFER
Address: 1478 NEW HAVEN POINT LANE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DV ( ) Delete
Name: HAGOPIAN, ROSEMARIE
Address: 1331 PEBBLE RIDGE LANE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D (X) Delete
Name: LAVELANET, GILBERT
Address: 9437 BRISTOL RIDGE CT
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: FARRAHER, MARGARET
Address: 9429 BRISTOL RIDGE COURT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANDREA BORELL LCAM 04/29/2009
Electronic Signature of Signing Officer or Director Date