

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757475

Entity Name: STONE ISLAND HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**STONE ISLAND
ENTERPRISE, FL 32725**Current Mailing Address:**PO BOX 4277
ENTERPRISE, FL 32725 US**FEI Number: 59-1384242****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WEAN & MALCHOW, P.A.
646 E COLONIAL DRIVE
ORLANDO, FL 32803 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HULCHER, ANDREW
Address 1368 SIOUX TRAIL
City-State-Zip: ENTERPRISE FL 32725

Title ASST. SECRETARY
Name LUEDECKE, MONIKA
Address 342 OLD MILL ROAD
City-State-Zip: ENTERPRISE FL 32725

Title DIRECTOR
Name DVORAK, NICK
Address 1460 ARROWHEAD TRAIL
City-State-Zip: ENTERPRISE FL 32725

Title OFFICER
Name GIAQUINTO, DANIEL
Address STONE ISLAND
City-State-Zip: ENTERPRISE FL 32725

Title VP
Name WHITED, WESLEY
Address 359 OLD MILL ROAD
City-State-Zip: ENTERPRISE FL 32725

Title TREASURER
Name LAPPES, PHIL
Address 374 STONE ISLAND RD.
City-State-Zip: ENTERPRISE FL 32725

Title DIRECTOR
Name ZAKARI, AUSTIN
Address 1465 KETTLEDUM TRAIL
City-State-Zip: ENTERPRISE FL 32725

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: AUSTIN ZAKARI**DIRECTOR****02/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date