

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006687

**Entity Name:** STONEWOOD RESERVE OF PALM BEACH COUNTY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 02, 2024**  
**Secretary of State**  
**1910642436CC**

**Current Principal Place of Business:**

C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400  
STUART, FL 34994

**Current Mailing Address:**

C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400  
STUART, FL 34994 US

**FEI Number: 47-3846362**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE PA  
2149 N. COMMERCE PARKWAY  
WESTON, FL 33326 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: DAVID L. BROUGH**

**04/02/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CULLOP, ERIKA  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title            TREASURER  
Name            NAGEL, HENRY  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title            VP  
Name            GOLDSBOURGH, CATHY  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title            SECRETARY  
Name            SCHARIBONE, CARMEN  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

*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: ERIKA CULLOP**

**PRESIDENT**

**04/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date