

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

DOCUMENT# N96000000065

**Entity Name:** STONEY POINTE SUBDIVISION HOMEOWNERS ASSOCIATON, INC

**Current Principal Place of Business:**

28609 HWY 27 N  
DUNDEE, FL 33838

**Current Mailing Address:**

P.O. BOX 510  
DUNDEE, FL 33838 US

**FEI Number: 59-3397640**

**Certificate of Status Desired:** No

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

GARRISON PROPERTY SERVICES, LLC.  
28609 HWY 27 N  
DUNDEE, FL 33838 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:** JOE GARRISON

**01/23/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FRY, JONATHAN  
Address        1906 ROCKY POINTE DRIVE  
City-State-Zip: LAKELAND FL 33813

Title           PRESIDENT  
Name           WARD, RICHARD  
Address        4255 PEBBLE POINT DRIVE  
City-State-Zip: LAKELAND FL 33813

Title           SECRETARY  
Name           ROGERS, CHARLOTTE  
Address        1950 ROCKY POINTE DRIVE  
City-State-Zip: LAKELAND FL 33813

Title           VP  
Name           SPALDING, PATRICIA  
Address        1726 ROCKY POINTE DRIVE  
City-State-Zip: LAKELAND FL 33813

Title           DIRECTOR  
Name           VANCIL, KIMBERLY  
Address        4367 PEBBLE POINT DRIVE  
City-State-Zip: LAKELAND FL 33813

Title           DIRECTOR  
Name           ALLEN, REBBIE  
Address        4440 PEBBLE POINT DRIVE  
City-State-Zip: LAKELAND FL 33813

Title           DIRECTOR  
Name           MORTON, SUSANNE  
Address        1684 ROCKY POINTE DRIVE  
City-State-Zip: LAKELAND FL 33813

*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:** RICHARD WARD

**PRESIDENT**

**01/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date