

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003207

FILED
Apr 27, 2009
Secretary of State

Entity Name: STONE CREST MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2582 SOUTH MAGUIRE RD
SUITE 318
OCOOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 06-1638740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SPENCER RA
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

SOLOMON, SPENCER RA
14443 PRUNNINGWOOD PLACE
WINTER GARDEN, FL 34787 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: SPENCER SOLOMON

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LYNCH, ED
Address: 660 HOME GROVE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: FOLEY, BRIAN
Address: 730 DUFF DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete
Name: LARWETH, JIM
Address: 12529 DALLINGTON TERR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: CAMPBELL, JUSTIN
Address: UNKNOWN
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LARWETH, JIM
Address: 12529 DALLINGTON TERR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD (X) Change () Addition
Name: ROBINSON, JEROME
Address: 749 WILLETT DR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD (X) Change () Addition
Name: PETERS, TARNEISHA
Address: 1000 ARAMINTA ST.
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: TD () Change (X) Addition
Name: EDGHILL, TREVOR
Address: 13518 GLYNSHEL DR
City-St-Zip: WINTER GARDEN, FL 34787

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: SPENCER SOLOMON

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date