2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005183

FILED Feb 25, 2009 Secretary of State

Entity Name: STONE CREEK AT WEKIVA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 950 MONTGOMERY ROAD 534 SUN VALLEY VILLAGE ROAD ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 **Current Mailing Address: New Mailing Address:** 950 MONTGOMERY ROAD 534 SUN VALLEY VILLAGE ROAD ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 FEI Number: 38-3742068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRESIDIO REALTY 2909 W. BAY TO BAY BLVD. #202 TAMPA, FL 33629 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GILFEDDER, WALTER JR GILFEDDER, WALTER JR Name: Name: 536 SUN VALLEY CIRCLE UNIT 1 Address: 536 SUN VALLEY VILLAGE RD #101 Address: City-St-Zip: ALTAMONTE SRPINGS, FL 32714 City-St-Zip: ALTAMONTE SRPINGS, FL 32714 Title: Title: () Change (X) Addition () Delete BOSWORTH, JEFFREY Name: Name: Address: Address: 564 BRECKENRIDGE VILLAGE #212 City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: () Delete Title: () Change (X) Addition PETTINARO, GREG Name: Name: 534 SUN VALLEY VILLAGE ROAD Address: Address: City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: WALT GILFEDDER PD 02/25/2009