

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N35575 (2)**  
 1. Corporation Name  
**STONECREST PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business: **11048 SE 176TH PLACE RD. SUMMERFIELD FL 34491**  
 Mailing Address: **11048 SE 176TH PLACE RD. SUMMERFIELD FL 34491**

3. Date Incorporated or Qualified: **12/08/1989**  
 3a. Date of Last Report: **05/01/1995**

|                                |                     |  |  |
|--------------------------------|---------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number  | Applied For  |
| 21                             | 26                  | <b>59-3171732</b>                                      | <input type="checkbox"/> Not Applicable                        |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired                       | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| 22                             | 27                  | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>    |
| City & State                   | City & State        | 28   | 29   |
| 23                             | 28                  | 30   | 31   |
| Zip                            | Country             | Zip  | Country  |
| 24                             | 25 <b>MARION</b>    | 29   | 30 <b>MARION</b>   |

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ROBERTSON, HALL**  
**11048 SE 176TH PL RD**  
**SUMMERFIELD FL 34491**

81 Name: **STEVE GRAVETT**  
 82 Street Address (P.O. Box Number is Not Acceptable): **11048 SE 176th PLACE ROAD**  
 83  
 84 City: **SUMMERFIELD FL** 85 Zip Code: **34491**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* 7/25/96  
 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>ROBERTSON, HALL</b>                              | 1.2 NAME  | <b>STEVE GRAVETT</b>  |
| STREET ADDRESS             | <b>11048 SE 176TH PL RD</b>                         | 1.3 STREET ADDRESS                                    | <b>11048 SE 176th PLACE ROAD</b>  |
| CITY-ST-ZIP                | <b>SUMMERFIELD FL</b>                               | 1.4 CITY-ST-ZIP                                       | <b>SUMMERFIELD FL 34491</b>   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>MAGUIRE, RAYMOND</b>                             | 2.2 NAME  |   |
| STREET ADDRESS             | <b>26 S. PENNSYLVANIA AVE. STE. 300</b>             | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ATLANTIC CITY NJ</b>                             | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>LINEBERRY, CHARLES</b>                           | 3.2 NAME  | <b>SHARLENE TYLER</b>   |
| STREET ADDRESS             | <b>811 CENTRAL AVE. STE. 1</b>                      | 3.3 STREET ADDRESS                                    | <b>11048 SE 176th PLACE ROAD</b>  |
| CITY-ST-ZIP                | <b>CHARLOTTE NC</b>                                 | 3.4 CITY-ST-ZIP                                       | <b>SUMMERFIELD FL 34491</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |   | 6.2 NAME  | <b>000001925090</b>   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    | <b>-08/19/96--01006--016</b>  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       | <b>***61.25</b>   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 6/26/96 245-2990  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)