FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N35575

STONECREST PROPERTY OWNERS ASSOCIATION, INC.

FILED Apr 15 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address								
11048 SE 176TH PLACE RD. SUMMERFIELD FL 34491		11048 SE 176TH PLACE RD. Summerfield Fl 34491-6693								
						3. Date Incorporated or Qualified 12/08/1989	3a. Date of Last Report 08/16/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For
21		26				59-3171732		1		Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		-	. 75 A ee Re	dditional
City & State	<u> </u>	City & State				6. Election Campaign Financing	,			`
23		28				Trust Fund Contribution	\$5.00 May Be Added to Fees			
·Zip	Country	Zip Country			8. This corporation has liability for in					
24	25	1=-1		30			X) Yes 🔲 No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered A	gent		
			8	Na Na	ame					
	T, STEVE		82 Street Add			ess (P.O. Box Number is Not Acceptabl	e)			
	SE 176TH PLACE RD.		83							
SUMME	RFIELD FL 34491									
	e		8	4 Ci	ty		FL	85	Zip C	Code
11. Pursuant	to the provisions of Sections 6170502	and 617.1508, Florida Stati	utes, the abo	ve-na	med corpo	pration submits this statement for the pu	irpose of	chang	ging its	registered
office or re agent. I a	egistered agent or both, if the State of manifest the State of the Sta	of Florida. Such change was Jons of Section 617,0503	s authorizadı. Orida Statut	by the es.	corporatio	oration submits this statement for the proof's board of directors. I hereby accep	t the appo	ointme	ent as r	registered
SIGNATURE		WW	MI	U	3/	/ 19/ <i>9</i> /				
	Signature, typed or printed name of registered agen			gent sig	nature require	d when (kinstating)	DATE			
12.	OFFICERS AND	DELETE	13.		·	ADDITIONS/CHANGES TO OFFICE		☐ Ch		S IN 12 Addition
THTLE	D Robertson, Hall	DELETTE	1.1 TITLE 1.2 NAME						ange	
NAME	11048 SE 176TH PL RD		1.3 STRE		ncee					
STREET ADDRESS CITY-ST-ZIP	SUMMERFIELD FL									
TITLE	D			1.4 CITY-ST-ZIP 2.1 TITLE				Ch	iange	Addition
NAME	GRAVETT, STEVE		2.2 NAME	2.2 NAME					-	
STREET ADDRESS	11048 SE 176TH PLACE RD.		2.3 STRE	2.3 STREET ADDRESS						
CITY-ST-ZIP	SUMMERFIELD FL 34491		2. 4 CHTY - ST - ZIP		P					
TITLE	D DELETE							Ch	ange	Addition
NAME	TYLER, SHARLENE		3.2 NAME	E						
STREET ADDRESS	11048 SE 176TH PLACE RD.		3.3 STREE	ET ADDE	RESS					
CITY-ST-ZIP	SUMMERFIELD FL 34491		3.4 CITY		P					TT
TITLE		☐ DELETE	4.1 TITLE				١	☐ Ch	ange	Addition
NAME			4, 2 NAM							
STREET ADDRESS			4.3 STREE							
CITY-ST-ZIP		☐ DELETE	4.4 CITY -					☐ Ch	2700	Addition
TITLE		☐ DELETE	5.1 TITLE					🗥	anye	L. J. AUGILION
NAME OTDEET ADDRESS			5.2 NAME		DE CC					
STREET ADDRESS			5.3 STREE							
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE		+			Ch	anoe	Addition
NAME .		L. Deceile	6.2 NAME		1		'	•		
STREET ADDRESS			6.3 STREE		IESS					
			6.4 CITY		1					
CITY-ST-ZIP			0.4 CITY	-31-21	1	1.0	1.1.11	111	41 1 1	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.