

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35575 (2)**  
1. Corporation Name  
**STONECREST PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>11048 SE 176TH PLACE RD. SUMMERFIELD FL 34491</b>	Mailing Address <b>11048 SE 176TH PLACE RD. SUMMERFIELD FL 34491</b>
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3. Date Incorporated or Qualified <b>12/08/1989</b>		
4. FEI Number <b>59-3171732</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business <b>2180 WEST SR 434</b>	2a. Mailing Address <b>2180 WEST SR 434</b>		
22. Suite, Apt. #, etc. <b>SUITE 5000</b>	27. Suite, Apt. #, etc. <b>SUITE 5000</b>		
23. City & State <b>LONGWOOD FL</b>	28. City & State <b>LONGWOOD FL</b>		
24. Zip <b>32779</b>	25. Country <b>US</b>	29. Zip <b>32779</b>	30. Country <b>US</b>

9. Name and Address of Current Registered Agent <b>GRAVETT, STEVE 11048 SE 176TH PLACE RD. SUMMERFIELD FL 34491</b>	10. Name and Address of New Registered Agent 81. Name <b>JAMES W. HART, JR. CPM</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>2180 W. ST RD 434, SUITE 5000</b> 83. <b>SENTRY MANAGEMENT, INC.</b> 84. City <b>LONGWOOD FL</b> 85. Zip Code <b>32779</b>
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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]* **JAMES W. HART, JR.** DATE: **4/29/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ROBERTSON, HALL</b>
STREET ADDRESS	<b>11048 SE 176TH PL RD</b>
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D GRAVETT, STEVE</b>
STREET ADDRESS	<b>11048 SE 176TH PLACE RD.</b>
CITY-ST-ZIP	<b>SUMMERFIELD FL 34491</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D TYLER, SHARLENE</b>
STREET ADDRESS	<b>11048 SE 176TH PLACE RD.</b>
CITY-ST-ZIP	<b>SUMMERFIELD FL 34491</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>P/D JO ANN LEVY</b>
2.3 STREET ADDRESS	<b>11048 SE 176TH PLACE RD</b>
2.4 CITY-ST-ZIP	<b>SUMMERFIELD FL 34491</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VP/D MERLE D'ADDARIO</b>
3.3 STREET ADDRESS	<b>11048 SE 176TH PLACE RD</b>
3.4 CITY-ST-ZIP	<b>SUMMERFIELD FL 34491</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ID CARSTENS, RUTH ANN</b>
4.3 STREET ADDRESS	<b>11048 SE 176TH PLACE RD</b>
4.4 CITY-ST-ZIP	<b>SUMMERFIELD FL 34491</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *[Signature]*

CR2E037 (10/97)