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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N35575

1. Corporation Name
STONECREST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US
 Mailing Address: 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US



411613-90048-92

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/08/1989
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3171732
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HART, JAMES W JR 2180 W ST RD 434 STE 5000 SENTRY MANAGMENT, INC LONGWOOD FL 32779	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROBERTSON, HALL	1.2 NAME	ROBERTSON, HALL, JR.
STREET ADDRESS	11048 SE 176TH PL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD LEVY, JOANN	2.2 NAME	
STREET ADDRESS	11048 SE 176TH PLACE RD.	2.3 STREET ADDRESS	1690 S. CONGRESS AVE STE 200
CITY-ST-ZIP	SUMMERFIELD FL 34491	2.4 CITY-ST-ZIP	DEL RAY BEACH FL 33445
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD DADDARIO, MERLE	3.2 NAME	D'ADDARIO, MERLE
STREET ADDRESS	11048 SE 176TH PLACE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD CARSTENS, RUTH A	4.2 NAME	
STREET ADDRESS	11048 SE 176TH PLACE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ROGERS, RICHARD
STREET ADDRESS		5.3 STREET ADDRESS	11025 S E 174th LOOP
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SUMMERFIELD FL 34491
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MEFFORD, DONNA
STREET ADDRESS		6.3 STREET ADDRESS	11025 S E 174th LOOP
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DEL RAY BEACH FL 33445

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, with all other like empowered.

SIGNATURE: _____ DATE: 2-26-99 DAYTIME PHONE #: 352-245-2770

CR2E037 (11/98)