

N35575

Requestor's Name

100002908571--8
-06/18/99-01036--007
*****35.00 *****35.00

Andrews & Miller, P.A.

Certified Public Accountants
Post Office Box 491271
Leesburg, Florida 34749-1271

Office Use Only

3ER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/ Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

FILED
99 JUL 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
7-21-99

789,611,671

Examiner's Initials

LF



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 23, 1999

ANDREW & MILLER, P.A.
Certified Public Accountants
Post Office Box 491271
Leesburg, FL 34749-1271

SUBJECT: STONECREST PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: N35575

We have received your document for STONECREST PROPERTY OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 199A00033490

RECEIVED
99 JUL 19 AM 9:46
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: The Stonecrest Property Owners Association, Inc.

2. The mailing address of the corporation is: 11025 S.E. 174th Loop, Summerfield, FL 34491

3. Date of incorporation/qualification: 12/8/1989 Document number: N35575

4. The name and address of the current registered agent and office:

James, W. Hart, Jr. CPM
2180 W. St. Rd 434, Suite 5000
Sentry Management, Inc.
Longwood, FL, 32779

FILED
99 JUL 19 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Richard C. Rogers, Jr. President
Stonecrest Property Owners Association, Inc.
11025 S.E. 174th Loop
Summerfield, FL 34491

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

6-3-99
(Date)

Richard, C. Rogers, Jr., President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

x [Signature]
(Signature of Registered Agent) 6-3-99
(Date)

If signing on behalf of an entity:

RICHARD C. ROGERS JR.
(Typed or Printed Name) PRESIDENT
(Capacity)

*** FILING FEE: \$35.00 ***