

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-02-2002 90930 027 ****61.25

DOCUMENT # N35575

1. Entity Name

STONECREST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

11025 SE 174TH LOOP
 SUMMERFIELD FL 34491
 US

Mailing Address

11025 SE 174TH LOOP
 SUMMERFIELD FL 34491
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

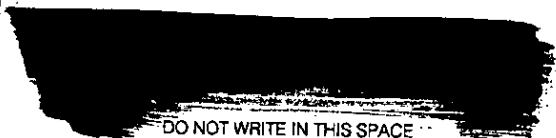
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3171732**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, RICHARD C. JR.
 11025 SE 174TH LOOP
 SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent:

Name **L. Hall Robertson, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
11025 SE 174th Loop

City **Summerfield**

FL

Zip Code **34491**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON JR, HALL	
STREET ADDRESS	11048 SE 176TH PL RD	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEVY, JOANN	
STREET ADDRESS	1690 S CONGRESS AVE STE 200	
CITY-ST-ZIP	DEL RAY BEACH FL 33445	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	D'ADDARIO, MERLE	
STREET ADDRESS	11048 SE 176TH PLACE RD.	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, RICHARD	
STREET ADDRESS	11025 SE 174TH LOOP	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MEFFORD, DONNA	
STREET ADDRESS	11025 SE 174TH LOOP	
CITY-ST-ZIP	DEL RAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. Hall Robertson Jr.	
STREET ADDRESS	11025 SE 174th Loop	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Rogers	
STREET ADDRESS	11875 SE 172nd Lane	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond Maguire	
STREET ADDRESS	26 S. Pennsylvania Ave., Suite 200	
CITY-ST-ZIP	Atlantic City, NJ 08401	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

L. Hall Robertson, Jr. **5/14/02** **30-317-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/01)