

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90040 017 ****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
11053 SE 174TH LOOP
 Suite, Apt. #, etc.

3. Mailing Address
11053 SE 174TH LOOP
 Suite, Apt. #, etc.

City & State
Summerfield FL 34491
 Zip Country
US

City & State
Summerfield FL
 Zip Country
34491 USA

01292004 Chg-NP CR2E037 (10/03)



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
**ROBERTSON, L. HALL JR.
 11025 SE 174TH LOOP
 SUMMERFIELD, FL 34491**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **2/14/04**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTSON, L. HALL JR.	
STREET ADDRESS	11025 SE 174TH LOOP	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, RICHARD	
STREET ADDRESS	11875 SE 172ND LANE	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGUIRE, RAYMOND	
STREET ADDRESS	26 S. PENNSYLVANIA AVE., STE 200	
CITY-ST-ZIP	ATLANTIC CITY, NJ 08401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	Steve Henson	
STREET ADDRESS	2428 Boardwalk Place Dr	
CITY-ST-ZIP	ST LOUIS MO. 63129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *[Signature]* L Hall Robertson 2/14/04 362347-2289