2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N35575

1. Entity Name

STONECREST PROPERTY OWNERS ASSOCIATION, INC.



FILED Mar 10, 2005 8:00 am Secretary of State

03-10-2005 90144 042 ****61.25

Principal Place of Business

11053 SE 174TH LOOP SUMMERFIELD, FL 34491

IIS

Mailing Address

11053 SE 174TH LOOP SUMMERFIELD, FL 34491

US



02172005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3171732

Applied For Not Applicable

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or	registered agent, o	or both, in the State of Florida. I am familiar with, and account
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signati	ure required when reinstatin	g) DATE
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finan Trust Fund Contribution.	cing 🗆	\$5.00 May B Added to Fees	е ,
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, L. HALL JR. 11025 SE 174TH LOOP SUMMERFIELD, FL 34491				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGUIRE, RAYMOND 26 S. PENNSYLVANIA AVE., STE 200 ATLANTIC CITY, NJ 08401	0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, STEVE 2428 BOARDWALK PLACE DR ST LOUIS, MO 63129		<u> </u>	D	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				II.	N THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME				e de la companya de La companya de la co	

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 leport 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:

CITY-ST-ZIP

Hall Robertson, Jr.

3/1/05

352/369-9881