
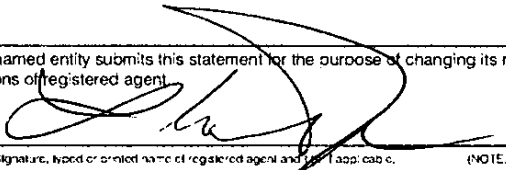
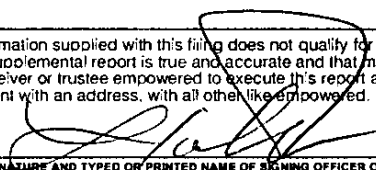


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90024 045 \*\*\*\*61.25

<b>DOCUMENT # N35575 1</b>					
1. Entity Name STONECREST PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 11053 SE 174TH LOOP SUMMERFIELD, FL 34491 US			Mailing Address 11053 SE 174TH LOOP SUMMERFIELD, FL 34491 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 <b>L. HALL ROBERTSON, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11053 SE 174th LOOP</b> City <b>SUMMERFIELD</b> FL Zip Code <b>34491</b>	
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 		Date <b>2/27/06</b>		(NOTE: Registered Agent's signature required when restoring)	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTSON, L. HALL JR.		NAME		
STREET ADDRESS	11025 SE 174TH LOOP		STREET ADDRESS	<b>11053 SE 174th LOOP</b>	
CITY - ST - ZIP	SUMMERFIELD, FL 34491		CITY - ST - ZIP	<b>SUMMERFIELD, FL 34491</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGUIRE, RAYMOND		NAME		
STREET ADDRESS	26 S. PENNSYLVANIA AVE., STE 200		STREET ADDRESS	<b>S/110</b>	
CITY - ST - ZIP	ATLANTIC CITY, NJ 08401		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENSON, STEVE		NAME	<b>VID</b>	
STREET ADDRESS	2428 BOARDWALK PLACE DR		STREET ADDRESS		
CITY - ST - ZIP	ST LOUIS, MO 63129		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date <b>2/27/06</b>		352-347-2289	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		L. Hall Robertson, JR.		Date of Filing	