


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N35575

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
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02192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3171732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, L. HALL JR.
 11053 SE 174TH LP
 SUMMERFIELD, FL 34491

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, L. HALL JR. 11053 SE 174TH LP SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAGUIRE, RAYMOND 26 S. PENNSYLVANIA AVE., STE 200 ATLANTIC CITY, NJ 08401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENSON, STEVE 2428 BOARDWALK PLACE DR ST LOUIS, MO 63129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/23/07-80070-013 61.25

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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 an other like empowered.

SIGNATURE:  **L. Hall Robertson, Pres.** **2-26-07** **352-347-2289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #