

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000000697**

1. Entity Name

STONE CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**1241 SEMORAN BOULEVARD
SUITE 185
CASSELBERRY FL 32707**

Mailing Address

**1241 SEMORAN BOULEVARD
SUITE 185
CASSELBERRY FL 32707**

2. Principal Place of Business

2180 WEST STATE ROAD 434

3. Mailing Address

2180 WEST STATE ROAD 434

Suite, Apt. #, etc.

SUITE 5000

Suite, Apt. #, etc.

SUITE 5000

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32779-5044

Country

US

Zip

32779-5044

Country

US

6. Name and Address of Current Registered Agent

**BEEMAN, WALTER D JR.
1241 SEMORAN BOULEVARD
SUITE 185
CASSELBERRY FL 32707**

4. FEI Number

59-3666819

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

HART, JAMES W. JR.

Street Address (P.O. Box Number is Not Acceptable)

SENTRY MANAGEMENT, INC.**2180 WEST SR 434 STE 5000**City
LONGWOOD**FL**

Zip Code

32779-5044

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90028 032 ****61.25

00031518

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)