

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000697

FILED
Mar 07, 2006
Secretary of State

Entity Name: STONE CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3666819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEEMAN, WALTER
Address: 1241 SEMORAN BLVD ST 185
City-St-Zip: CASSELBERRY, FL 32707

Title: VD () Delete
Name: VALANTASIS, GUST
Address: 1241 SEMORAN BLVD ST 185
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Delete
Name: BRODELL, WAYNE
Address: 1241 SEMORAN BLVD ST 185
City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEEMAN, WALTER
Address: 151 WYMORE RD STE 4000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD (X) Change () Addition
Name: VALANTASIS, GUST
Address: 1241 SEMORAN BLVD STE 185
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change () Addition
Name: BROEDEL, WAYNE
Address: 1241 SEMORAN BLVD STE 185
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Change (X) Addition
Name: WILLIAMS, TRACY
Address: 1690 LEGENDARY BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D () Change (X) Addition
Name: SERGI, ERIC
Address: 1241 SEMORAN BLVD STE 185
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER BEEMAN

PD

03/07/2006

Electronic Signature of Signing Officer or Director

Date