

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000697

FILED
Apr 16, 2007
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: 151 WYMORE RD STE 4000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NECRASON, BRAD
Address: 15139 HARROWGATE WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD (X) Change () Addition
Name: WHITE, STUART
Address: 15121 HARROWGATE WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD (X) Change () Addition
Name: CHEVALIER, DAWN M
Address: 15208 BLACK LION WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRAD NECRASON

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date