

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005183

FILED
Apr 10, 2024
Secretary of State
4748966964CC

Entity Name: STONE CREEK AT WEKIVA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

534 SUN VALLEY VILLAGE RD
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

C/O ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS
4901 VINELAND RD. SUITE 455
ORLANDO, FL 32811 US

FEI Number: 38-3742068

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS
C/O ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS
4901 VINELAND RD. SUITE 455
ORLANDO, FL 32811 US

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: GABRIELA JAKOBSEN

04/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HILLSLEY , SHANE
Address C/O ASSOCIA-COMMUNITY
 MANAGEMENT PROFESSIONALS
 4901 VINELAND RD. SUITE 455
City-State-Zip: ORLANDO FL 32811

Title TREASURER, SECRETARY
Name BUONICONTI , VINCENT
Address C/O ASSOCIA-COMMUNITY
 MANAGEMENT PROFESSIONALS
 4901 VINELAND RD. SUITE 455
City-State-Zip: ORLANDO FL 32811

Title VP
Name WHALLEN, DREW
Address C/O ASSOCIA-COMMUNITY
 MANAGEMENT PROFESSIONALS
 4901 VINELAND RD. SUITE 455
City-State-Zip: ORLANDO FL 32811

I hereby 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 all other like empowered.

SIGNATURE: SHANE HILLSLEY

PRESIDENT

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date