

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06000005183

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

**FILED**  
**Aug 07, 2023**  
**Secretary of State**  
**8609994865CC**

**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**

**08/07/2023**

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**

**08/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date