

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000542

Entity Name: STEVENS CREEK HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 30, 2024
Secretary of State
8118136369CC

Current Principal Place of Business:

C/O PREMIER MANAGEMENT SERVICES
495 ALTERNATE 19, #1532
PALM HARBOR, FL 34682

Current Mailing Address:

C/O PREMIER MANAGEMENT SERVICES
PO BOX 1532
PALM HARBOR, FL 34682 US

FEI Number: 61-1673830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATION ASSESSMENT ATTORNEYS, PA
111 2ND AVENUE NE
SUITE 539
ST. PETERSBURG, FL 33701-3493 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: ROBERT TODD, ESQ.

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MCCOMISH, MELISSA
Address C/O PREMIER MANAGEMENT
SERVICES
PO BOX 1532
City-State-Zip: PALM HARBOR FL 34682

Title VP
Name WILLIAMS, ELAINE
Address C/O PREMIER MANAGEMENT
SERVICES
PO BOX 1532
City-State-Zip: PALM HARBOR FL 34682

Title SECRETARY
Name GRIFFIS, BARBARA
Address C/O PREMIER MANAGEMENT
SERVICES
PO BOX 1532
City-State-Zip: PALM HARBOR FL 34682

Title DIRECTOR
Name BRODEUR, MARCO
Address C/O PREMIER MANAGEMENT
SERVICES
495 ALTERNATE 19, #1532
City-State-Zip: PALM HARBOR FL 34682

Title TREASURER
Name FREY, ESTEFANIA
Address C/O PREMIER MANAGEMENT
SERVICES
495 ALTERNATE 19, #1532
City-State-Zip: PALM HARBOR FL 34682

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: MELISSA MCCOMISH

PRESIDENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date