

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000948

Entity Name: STONECREEK PROPERTY OWNERS ASSOCIATION,INC.

Current Principal Place of Business:

1600 SAWGRASS CORPORATE PKWY, SUITE 400
SUNRISE, FL 33323

Current Mailing Address:

1600 SAWGRASS CORPORATE PKWY, SUITE400
SUNRISE, FL 33323

FEI Number: 47-2972018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HELFMAN, STEVEN M ESQ.
1600 SAWGRASS CORPORATE PKWY, SUITE400
SUNRISE, FL 33323 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name WOLFE, TAMBRA
Address 1600 SAWGRASS CORPORATE
PKWY, SUITE 400
City-State-Zip: SUNRISE FL 33323

Title VPD
Name CAMPBELL, PATRICIA
Address 1600 SAWGRASS CORPORATE
PKWY, SUITE 400
City-State-Zip: SUNRISE FL 33323

Title VSTD
Name MENENDEZ, N. MARIA
Address 1600 SAWGRASS CORPORATE
PKWY, SUITE 400
City-State-Zip: SUNRISE FL 33323

Title D
Name EDIN, JOSEPH
Address 4250 AZALEA DRIVE
City-State-Zip: NAPLES FL 34119

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: N. MARIA MENENDEZ

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04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date