

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N18000001616

**Entity Name:** STEPPING STONE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2600 LAKE LUCIEN DRIVE  
SUITE 350  
MAITLAND, FL 32751

**Current Mailing Address:**

2600 LAKE LUCIEN DRIVE  
SUITE 350  
MAITLAND, FL 32751 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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            PRESIDENT, DIRECTOR  
Name            SCHUSTER, NORA  
Address        2600 LAKE LUCIEN DRIVE  
                 SUITE 350  
City-State-Zip: MAITLAND FL 32751  
  
Title            SECRETARY, TREASURER,  
                 DIRECTOR  
Name            PEREIRA, RUBEN  
Address        2600 LAKE LUCIEN DRIVE  
                 SUITE 350  
City-State-Zip: MAITLAND FL 32751

Title            VP, DIRECTOR  
Name            CUARTA, MATTHEW  
Address        2600 LAKE LUCIEN DRIVE  
                 SUITE 350  
City-State-Zip: MAITLAND FL 32751

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:** NORA SCHUSTER

**PRESIDENT**

**07/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date