

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35575

**Entity Name:** STONECREST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11050 SE 176TH PLACE RD  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

C/O CASTLE MANAGEMENT  
12270 SW 3RD STREET SUITE 200  
PLANTATION, FL 33325 US

**FEI Number:** 59-3171732

**Certificate of Status Desired:** No

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

BOSINGER, ARIAS  
140 N. WESTMONTE DRIVE  
UNIT 203  
ALTAMONTE SPRINGS, FL 32714 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:** ARIAS BOSINGER

01/04/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HUFF, PATRICIA  
Address        11050 SE 176TH PLACE RD  
City-State-Zip: SUMMERFIELD FL 34491

Title            VP  
Name            LUBAS, MAUREEN  
Address        11050 SE 176TH PLACE RD  
City-State-Zip: SUMMERFIELD FL 34491

Title            TREASURER  
Name            BECK, BILL  
Address        11050 SE 176TH PLACE RD  
City-State-Zip: SUMMERFIELD FL 34491

Title            SECRETARY  
Name            CETLINSKI, JIM  
Address        11050 SE 176TH PLACE RD  
City-State-Zip: SUMMERFIELD FL 34491

Title            DIRECTOR  
Name            HILL, NIANA  
Address        11050 SE 176TH PLACE RD  
City-State-Zip: SUMMERFIELD FL 34491

Title            DIRECTOR  
Name            LEPORE, MARC  
Address        11050 SE 176TH PLACE RD  
City-State-Zip: SUMMERFIELD FL 34491

Title            DIRECTOR  
Name            VARY, BEN  
Address        11050 SE 176TH PLACE RD  
City-State-Zip: SUMMERFIELD FL 34491

*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:** PATRICIA HUFF

PRESIDENT

01/04/2022

Electronic Signature of Signing Officer/Director Detail

Date