

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00089

FILED
Apr 30, 2007
Secretary of State

Entity Name: STONECREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4951 STONECREST DRIVE
LAKELAND, FL 33813 US

New Principal Place of Business:

4939 STONECREST DR
LAKELAND, FL 33813 US

Current Mailing Address:

4951 STONECREST DRIVE
LAKELAND, FL 33813 US

New Mailing Address:

4939 STONECREST DRIVE
LAKELAND, FL 33813 US

FEI Number: 59-2354755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, PHIL
4951 STONECREST DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

PIZZUTI, COLEEN
4939 STONECREST DRIVE
LAKELAND, FL 33813 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: COLEEN PIZZUTI

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REED, PHIL
Address: 4951 STONECREST DR.
City-St-Zip: LAKELAND, FL 33813

Title: VD () Delete
Name: BRACKMAN, LEE
Address: 4919 STONECREST DR.
City-St-Zip: LAKELAND, FL 33813

Title: SD () Delete
Name: MCCOLE, KIM
Address: 4916 STONECREST DR.
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PIZZUTI, COLEEN
Address: 4939 STONECREST DR.
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: COLEEN PIZZUTI

SD

04/30/2007

Electronic Signature of Signing Officer or Director

Date