2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# N02000003207

Entity Name: STONE CREST MASTER ASSOCIATION, INC.

Current Principal Place of Business:

5401 S KIRKMAN RD, SUITE 450
ORLANDO, FL 32819

New Principal Place of Business:

2582 SOUTH MAGUIRE RD
SUITE 318
OCOEE, FL 34761

Current Mailing Address:

5401 S KIRKMAN RD, SUITE 450
ORLANDO, FL 32819

New Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34787

FEI Number: 06-1638740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS INC
5401 KIRKMAN RD STE 450
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

SOLOMON, SPENCER RA
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 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: SPENCER SOLOMON 03/26/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BENNETT, DANA A
Address: 237 WESTMONTE DRIVE, SUITE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV ( ) Delete
Name: WILLS, ERIC K
Address: 237 WESTMONTE DRIVE, SUITE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DST ( ) Delete
Name: MAGUIRE, COLLEEN
Address: 237 WESTMONTE DRIVE, SUITE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LYNCH, ED
Address: 660 HOME GROVE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD (X) Change ( ) Addition
Name: FOLEY, BRIAN
Address: 730 DUFF DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD (X) Change ( ) Addition
Name: LARWETH, JIM
Address: 12529 DALLINGTON TERR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Change (X) Addition
Name: CAMPBELL, JUSTIN
Address: UNKNOWN
City-St-Zip: WINTER GARDEN, FL 34787

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: SPENCER SOLOMON RA 03/26/2008
Electronic Signature of Signing Officer or Director Date