

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005958

FILED
Mar 26, 2008
Secretary of State

Entity Name: REGENCY OAKS AT STONE CREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2582 SOUTH MAGUIRE RD
SUITE 318
OCOOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 02-0699697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, SOLOMON
14443 PRUNNING WOOD PL
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LYNCH, EDWARD
Address: 660 HOME GROVE DR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: SILVERIA, CHRIS
Address: 615 GROVES END LANE
City-St-Zip: WINTER GARDEN, FL 34707

Title: STD () Delete
Name: WOELBERN, JAMES
Address: 651 GROVES END LN
City-St-Zip: WINTER GARDEN, FL 34787 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: SILVERIA, CHRIS
Address: 615 GROVES END LANE
City-St-Zip: WINTER GARDEN, FL 34707

Title: VPD (X) Change () Addition
Name: WOELBERN, JAMES
Address: 651 GROVES END LN
City-St-Zip: WINTER GARDEN, FL 34787 US

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