## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005958

FILED Apr 20, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 2582 SOUTH MAGUIRE RD SUITE 318 OCOEE, FL 34761 **New Mailing Address: Current Mailing Address:** PO BOX 783367 WINTER GARDEN, FL 34787 US FEI Number: 02-0699697 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPENCER, SOLOMON 14443 PRÚNNING WOOD PL 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LYNCH, EDWARD BARRA, ROCKY Name: Name: 660 HOME GROVE DR. Address: 744 HOME GROVE DR. Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: TD ( ) Delete Title: (X) Change ( ) Addition SILVERIA, CHRIS Name: ROBINSON, JEROME Name: Address: 615 GROVES END LANE Address: 749 WILLETT DR City-St-Zip: WINTER GARDEN, FL 34707 City-St-Zip: WINTER GARDEN, FL 34707 Title: VPD () Delete Title: STD (X) Change ( ) Addition WOELBERN, JAMES DOUGLAS, ALLISHA Name: Name: Address: 651 GROVES END LN Address: 562 HOME GROVE DR City-St-Zip: WINTER GARDEN, FL 34787 US City-St-Zip: WINTER GARDEN, FL 34787 US ( ) Change (X) Addition Title: ( ) Delete Title: Name: Name: LYNCH, EDWARD 660 HOME GROVE DR Address: Address: City-St-Zip: City-St-Zip: WINTER GARDEN, FL 34787 Title: () Delete Title: ( ) Change (X) Addition LARGEN, CELESTE Name: Name: 743 WILLETT DR Address: Address: WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip:

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 04/20/2009