

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90040 035 \*\*\*\*61.25

<b>DOCUMENT # N04000001573</b>					
<b>1. Entity Name</b> STEVENS PLANTATION RESIDENTIAL OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5401 S. KIRKMAN RD. STE. 450 ORLANDO, FL 32819			<b>Mailing Address</b> 5401 S. KIRKMAN RD. STE. 450 ORLANDO, FL 32819		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 51-0549631	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S. KIRKMAN RD. STE. 450 ORLANDO, FL 32819			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<b>NAME</b> HART, DONNA	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 NINTH STREET	<b>CITY-ST-ZIP</b> ST. CLOUD, FL 34769		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DT	<b>NAME</b> MCCORKLE, JEFF	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Polachek Jay	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 NINTH STREET	<b>CITY-ST-ZIP</b> ST. CLOUD, FL 34769		<b>STREET ADDRESS</b> 1300 Ninth St.	<b>CITY-ST-ZIP</b> St. Cloud, FL 34769	
<b>TITLE</b> D	<b>NAME</b> WETZEL, MICHAEL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Griffin Tom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 NINTH STREET	<b>CITY-ST-ZIP</b> ST. CLOUD, FL 34769		<b>STREET ADDRESS</b> 1300 Ninth St.	<b>CITY-ST-ZIP</b> St. Cloud, FL 34769	
<b>TITLE</b> DVP	<b>NAME</b> HOPPER, MICKEY	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 NINTH STREET	<b>CITY-ST-ZIP</b> ST. CLOUD, FL 34769		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DS	<b>NAME</b> DAVIS, WADE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DS/T	<b>NAME</b> Fertic, Jaron	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 NINTH STREET	<b>CITY-ST-ZIP</b> ST. CLOUD, FL 34769		<b>STREET ADDRESS</b> 1300 Ninth St.	<b>CITY-ST-ZIP</b> St. Cloud, FL 34769	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Donna Hart</i>			3/6/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		