


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90189 033 ****61.25

DOCUMENT # N04000002556 1. Entity Name STONE CREEK HOMEOWNERS ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312			Mailing Address 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312																																																																																																																																																		
2. Principal Place of Business			3. Mailing Address																																																																																																																																																		
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4. FEI Number 20-2639200				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent EDDY, MARIE 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																		
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.																																																																																																																																																					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
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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.																																																																																																																																																					
SIGNATURE: _____ 4/26/06 8941919																																																																																																																																																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					