

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006055

FILED
Apr 14, 2009
Secretary of State

Entity Name: STONE CREEK AT EAGLE HARBOR ASSOCIATION, INC.

Current Principal Place of Business:

4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 20-1268867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AWAKENINGS ASSOCIATION MANAGEMENT
4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068 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: STD () Delete
Name: ALDERSON, N. RYAN
Address: 1865 COPPER STONE DR VILLA #F
City-St-Zip: ORANGE PARK, FL 32003

Title: PD () Delete
Name: DI MONDA, CEASAR
Address: 1900 COPPER STONE DR VILLA #B
City-St-Zip: ORANGE PARK, FL 32003

Title: VPD () Delete
Name: DICE, THOMAS
Address: 1820 STONE CREEK DR VILLA #A
City-St-Zip: ORANGE PARK, FL 32003

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAMAN, DONALD
Address: 1860 COPPERSTONE DR VILLA C
City-St-Zip: FLEMING ISLAND, FL 32003 CL

Title: VPD (X) Change () Addition
Name: WINTERS, JOHN
Address: 1860 COPPER STONE DR VILLA #D
City-St-Zip: FLEMING ISLAND, FL 32003 CL

Title: STD (X) Change () Addition
Name: JONES, JEANNE
Address: 2141 STONE CREEK DR VILLA #A
City-St-Zip: FLEMING ISLAND, FL 32003 CL

Title: D () Change (X) Addition
Name: FREY, ROBERT
Address: 1861 COPPERSTONE DR VILLA # C
City-St-Zip: FLEMING ISLAND, FL 32003 CL

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: DONALD TAMAN

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date