

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90021 011 ****61.25

DOCUMENT # N05000011853

1. Entity Name
**SOUTH STONECREST COMMERCIAL CONDOMINIUM
OWNERS' ASSOCIATION, INC.**



Principal Place of Business

~~1700 SE 17TH STREET~~
~~SUITE 300~~
~~OCALA, FL 34471~~

1720 SE 16th Ave, #200

Mailing Address

~~1700 SE 17TH STREET~~
~~SUITE 300~~
~~OCALA, FL 34471~~

1720 SE 16th Ave, #200

40102320



02082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0114492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOYD, ROY T III
1720 SE 16TH AVE
BLDG 200
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOYD, ROY T III
STREET ADDRESS	1720 SE 16TH AVE BLDG 200
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	BOYD, CHRISTOPHER E
STREET ADDRESS	1720 SE 16H AVE BLDG 200
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	BOYD, BRIAN S
STREET ADDRESS	1720 SE 16TH AVE BLDG 200
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

Roy T III Boyd

2-18-08

352-861-2248