2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N06000000593

1. Entity Name
STONEY CREEK HOMEOWNERS ~~ASSOC~~IATION, INC.
OF LAKELAND

Principal Place of Business	Mailing Address
444 WEST PIPKIN RD. STE. A LAKELAND, FL 33813	444 WEST PIPKIN RD. STE. A LAKELAND, FL 33813

03142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5012448
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, ROBERT F
444 WEST PIPKIN RD.
STE. A
LAKELAND, FL 33813

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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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000901316
04/29/08-80064-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NUNEZ, ROBERT F
STREET ADDRESS	444 WEST PIPKIN RD.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	VD
NAME	NUNEZ, ROBERT JR.
STREET ADDRESS	444 WEST PIPKIN RD.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	STD
NAME	JOHNSON, JOELLE
STREET ADDRESS	118 SUGARTREE LANE N.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: