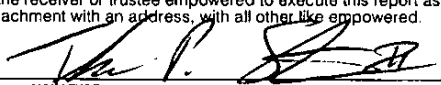


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-14-2008 90030 006 ****61.25

DOCUMENT # N06000002654					
1. Entity Name STONE CREEK COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1930 SW 38TH AVE. OCALA, FL 34474			Mailing Address 1930 SW 38TH AVE. OCALA, FL 34474		
2. Principal Place of Business - No P.O. Box # 6111 SW 89 Court Road		3. Mailing Address no change			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocala FL		City & State		4. FEI Number 02-0778791	
Zip 34481		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERKINS, RICHARD 1930 SW 38TH AVE. OCALA, FL 34474			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PERKINS, RICHARD K. 1930 SW 38TH AVE. OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST STEVENS, THOMAS 1930 SW 38 Ave OCALA, FL 34474	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CLARK, GREGORY U. 1930 SW 38TH AVE. OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RAGAN, JOHN 1930 SW 38TH AVE. OCALA, FL 34474	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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: 			THOMAS P STEVENS 2/12/08 352-291-7338		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		