

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009749

FILED
May 01, 2009
Secretary of State

Entity Name: STONE CREEK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

888 NORTH 393
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

888 NORTH 393
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 38-3796666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALLACE, W. WADE
10221 WEST EMERALD COAST PARKWAY
SUITE 26
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

SHAVER, MELANIE
888 N CR 393
SANTA ROSA BEACH, FL 32459 US

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: MELANIE SHAVER

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHAVER, HAROLD GENE JR.
Address: 888 NORTH 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DVP () Delete
Name: SHAVER, MELANIE CLAIRE
Address: 888 NORTH 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: SHAVER, JUSTIN
Address: 888 NORTH 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ST () Delete
Name: SHAVER, GARRET
Address: 888 NORTH 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: SHAVER, MELANIE
Address: 888 NORTH 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HAROLD SHAVER, JR

DP

05/01/2009

Electronic Signature of Signing Officer or Director

Date