

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

**FILED  
Jan 28, 2008  
Secretary of State**

DOCUMENT# N97000005946

Entity Name: STONECREST CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11560 S.E. 176TH PLACE ROAD  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

11560 S.E. 176TH PLACE ROAD  
SUMMERFIELD, FL 34491

**New Mailing Address:**

FEI Number: 59-3171732      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTSON, L. HALL JR  
11560 S.E. 176TH PLACE ROAD  
SUMMERFIELD, FL 34491      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: PD      ( ) Delete  
Name: ROBERTSON, L. HALL JR.  
Address: 11560 S.E. 176TH PLACE ROAD  
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: SD      ( ) Delete  
Name: MAGUIRE, RAY  
Address: 26 S. PENNSYLVANIA AVENUE, #200  
City-St-Zip: ATLANTIC CITY, NJ 08401 US

Title: D      ( ) Delete  
Name: HENSON, STEVE  
Address: 5353 S. LINDBERG SUITE #200  
City-St-Zip: ST. LOUIS, MO 63123 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: L. HALL ROBERTSON, JR.

PD

01/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date