

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001304

Entity Name: STONEWATER PROFESSIONAL PARK OWNERS
ASSOCIATION, INC.**Current Principal Place of Business:**15955 N FLORIDA AVE STE 101
LUTZ, FL 33549-8103**Current Mailing Address:**15955 N FLORIDA AVE STE 101
LUTZ, FL 33549-8103 US**FEI Number: 56-2442600****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANFORD, R BLAIN
15955 N FLORIDA AVE STE 101
LUTZ, FL 33549-8103 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:** R BLAIN SANFORD**01/29/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	SANFORD, R BLAIN
Address	15955 N FLORIDA AVE STE 101
City-State-Zip:	LUTZ FL 33549-8103

Title	SECRETARY, DIRECTOR
Name	SANFORD, KAREN A
Address	15955 N FLORIDA AVE STE 101
City-State-Zip:	LUTZ FL 33549-8103

Title	TREASURER, DIRECTOR
Name	MCNEAL, CHRISTOPHER S
Address	15957 N FLORIDA AVE
City-State-Zip:	LUTZ FL 33549-8104

Title	DIRECTOR
Name	PERKINS, HASHANI
Address	15953 N FLORIDA AVE
City-State-Zip:	LUTZ FL 33549-8102

I hereby 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 all other like empowered.

SIGNATURE: KAREN A SANFORD**SECRETARY/DIRECTOR****01/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date