

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011368

**Entity Name:** STONECREST MEDICAL AND PROFESSIONAL CENTER  
CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3019 SW 27 AVENUE, SUITE 102  
OCALA, FL 34474

**Current Mailing Address:**

3019 SW 27 AVENUE, SUITE 102  
OCALA, FL 34474

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

MCLAUCHLIN, BEN G  
3019 SW 27 AVENUE, SUITE 102  
OCALA, FL 34474 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MCLAUCHLIN, BEN G  
Address 3019 SW 27 AVENUE, SUITE 102  
City-State-Zip: Ocala FL 34474

Title D  
Name BLOWERS, DEAN M  
Address 3019 SW 27 AVENUE, SUITE 102  
City-State-Zip: Ocala FL 34474

Title D  
Name MCLAUCHLIN, JARROD W  
Address 3019 SW 27 AVENUE, SUITE 102  
City-State-Zip: Ocala FL 34474

*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: BEN G MCLAUCHLIN**

**DIRECTOR**

**03/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date