

**2024 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:**

10973 SE 175TH PL, SUITE 100  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

10973 SE 175TH PL, SUITE 100  
SUMMERFIELD, FL 34491 US

**FEI Number:** 84-4142019

**Certificate of Status Desired:** No

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

KELLEY, SCOTT E  
10973 SE 175TH PL, SUITE 100  
SUMMERFIELD, FL 34491 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:** SCOTT E. KELLEY

04/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BARBER, MARY F  
Address 10973 SE 175TH PL, SUITE 100  
City-State-Zip: SUMMERFIELD FL 34491

Title D  
Name THORNHILL, CHRISTOPHER 3  
Address 3998 SE 7TH AVE  
City-State-Zip: OCALA FL 34480

Title D  
Name KELLEY, SCOTT E.  
Address 10973 SE 175TH PL, SUITE 100  
City-State-Zip: SUMMERFIELD FL 34491

*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:** SCOTT KELLEY

MNGR

04/06/2024

Electronic Signature of Signing Officer/Director Detail

Date