

2022 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

03/15/2022

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 SLUSSER, EDWARD
Address 10973 SE 175TH PL, SUITE 102
City-State-Zip: SUMMERFIELD FL 34491

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 E. KELLEY

DIRECTOR

03/15/2022

Electronic Signature of Signing Officer/Director Detail

Date