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: R. BLAIN SANFORD

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Electronic Signature of Registered Agent

Datall /**D** ·

Officer/Director Detail :						
Title	PD	Title	VD			
Name	SANFORD, R. BLAIN	Name	SHAH, VRAJES			
Address	15955 N. FLORIDA AVE., SUITE 101	Address	4531 CHEVAL BLVD.			
City-State-Zip:	LUTZ FL 33549-8103	City-State-Zip:	LUTZ FL 33558			
Title	S	Title	TD			
Name	SANFORD, KAREN A	Name	MCNEAL, CHRISTOPHER S			
Address	15955 N. FLORIDA AVE., SUITE 101	Address	15957 N. FLORIDA AVE			
City-State-Zip:	LUTZ FL 33549-8103	City-State-Zip:	LUTZ FL 33549			

Current Mailing Address:

15955 N FLORIDA AVE 101 LUTZ, FL 33549-8103 US

FEI Number: 56-2442600

Name and Address of Current Registered Agent:

SANFORD, BLAIN 15955 N FLORIDA AVE 101 LUTZ, FL 33549-8103 US

SIGNATURE:

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.

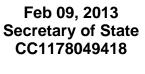
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DOCUMENT# N0400001304

Entity Name: STONEWATER PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15955 N FLORIDA AVE 101 LUTZ, FL 33549-8103



Certificate of Status Desired: No

FILED

Date

Date