


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000010661</b> 1. Entity Name STUART AREA ALUMNAE PANHELLENIC ASSOC, INC.	
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Principal Place of Business 984 S.E. WILLOUGHBY TRACE STUART, FL 34997	Mailing Address 984 S.E. WILLOUGHBY TRACE STUART, FL 34997
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAY, JUDY  
984 S.E. WILLOUGHBY TRACE  
STUART, FL 34997

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

DATE  
02/26/07-80073-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHASE, A.J. 4067 S.E. BARCELONA ST. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITEMAN, LAURA 5094 S.E. INKWOOD WAY HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACDONALD, JILL 1503 BUTTONBUSH CIR PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUNSFORD, JO 3312 S.E. CAMBRIDGE DR. STUART, FL 34987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAY, JUDY 984 SE WILLOUGHBY TRACE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Judy Lay 2-13-07 (272)692-2919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #