


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 733968 1. Entity Name STONEHEDGE CONDOMINIUM, INC.	
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Principal Place of Business 2700 N. 34 AVENUE BOX K HOLLYWOOD, FL 33021	Mailing Address 2700 N. 34 AVENUE BOX K HOLLYWOOD, FL 33021
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02212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1688488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOPEZ, PAUL O ESQ TRIPP SCOTT, P.A. 110 SE 6TH STREET, 15TH FLOOR FT. LAUDERDALE, FL 33301
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRAZIER, WILLIAM 2700 N 34 AVENUE UNIT J HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIPITONE, JOE 2700 N 34 AVENUE UNIT A HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAGO, JUDY 2700 N 34 AVENUE UNIT D HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/03/05-80032-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph Pipitone **JOSEPH PIPITONE** 2/26/05 954 986 3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #