## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 17, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # 737812  STONE OWNERS MUTUAL S		05-17-2005 90017 011 ****61.25						
Principal Place of Business Mailing Address 4320 BURTONWOOD DR 4320 BURTONWOOD DR PENSACOLA, FL 32514 US PENSACOLA, FL 32514 US					50052818				
9. Principal S	lace of Business	O Mallian Adda							
424	7 Burdonwood Circle		47 Burtonwood Circle			18201   19131    1218    131	11011 <b>0</b> 1011 011	BII BIBII BIBIE BIBI	, EBE 03 1881
Suite, Apt.		Suite, Apt. #, etc.				hg-NP	CR2E0	37 (10/03)	
City & State	iacola, FL	City & State Pensacola	FL	<u></u>	4. FEI Number 59-17396	20		No	plied For ot Applicable
<sup>z</sup> 325		32514	Country FL		5. Certificate of S	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current Re	egistered Agent	Name		7. Name and Ad	dress of New Re	egistered	Agent	
	ON, DEMETRA TONWOOD DRIVE		P.O. Box Number is Not Acceptable)						
PENSACO	LA, FL 32514		4	2 H	H R.	ct on wo	-\ C	ircle	
			City	D <sub>0</sub> 10	50 cd/c	( tok wo	<u>هم</u> الح	Zip Code	e 5 / Ý
	named entity submits this statement for thions of registered agent.	he purpose of changing its re	egistered office or			n the State of Flo	rida. I am		
SIGNATURE .	Dhia L. Brus	m Gloria	L L. Ro	(a 0 h			Mar	. 1: 2	00.5
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: I	Registered Agent signatu	ure required wh	nen reinstating)		DATE (	3 1	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	Registered Agent signatu Daign Financing Intribution.	□ \$	5.00 May Be dded to Fees	Flori	ida Depa	k payable to	o tate
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRE	Election Camp Trust Fund Co	Registered Agent signatural paign Financing ontribution.	□ \$ AD	5.00 May Be	Flori	ida Depa	k payable to	o tate
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CITY-ST-ZIP PENSACOLA, FL 32514

CITY-ST-ZIP PENSACOLA, FL 32514

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:	1. Ruzan	Gloria L. Bryan	5-1-05	350-477-881°
SIGNATURE AND TYPE	ED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	Date	Daytime Phone #