


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90008 002 ****61.25

DOCUMENT # 756846 1. Entity Name STONEHEDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4613 GLENSIDE CIR TAMPA, FL 33624 US			Mailing Address 4613 GLENSIDE CIR TAMPA, FL 33624 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALZ, SHELLEY 4604 GLENSIDE CIR TAMPA, FL 33624			Name <u>Morales, Juan</u> Street Address (P.O. Box Number is Not Acceptable) <u>4615 Glenside Circle</u> City <u>Tampa</u> <u>FL</u> Zip Code <u>33624</u>		
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 <u>Juan Morales</u> <u>Juan Morales</u> 3/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALZ, SHELLEY 4604 GLENSIDE CIR TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUAN MORALES 4615 Glenside Circle TAMPA, FLA 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAFFNEY, BETH 4651 GLENSIDE CIR TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDRA LOCKHART 4606 Glenside Circle TAMPA, FLA 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLENNON, SUSAN A 4613 GLENSIDE CIR TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Susan A. Glennon -TD.</u> 3/19/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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4. FEI Number 59-2112317 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required