
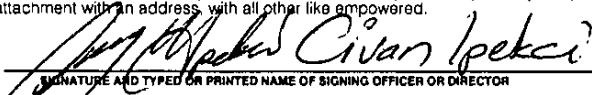


**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

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

<b>DOCUMENT # 760199</b>		
1. Entity Name <b>THREE STAGS CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>1432 MEDITERRANEAN DR., #2A PUNTA GORDA, FL 33950</b>		Mailing Address <b>1432 MEDITERRANEAN DR., #2A PUNTA GORDA, FL 33950</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		02222007 No Chg-NP CR2E037 (4/06)
		4. FEI Number <b>50-0007585</b>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>IPEKCI, CIVAN 1432 MEDITERRANEAN DR., #2A PUNTA GORDA, FL 33950</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		<b>U000000648017 03/06/07-80096-004 61.25</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IPEKCO, CIVAN 1432 MEDITERRANEAN DR, #2A PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, JAMES B SR. 900 WEST MARION AVE. PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTOOLE, KATHLEEN 900 W. MARION AVE PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		<b>Feb-22-07 941-6294444</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>