

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90048 015 ***150.00

DOCUMENT # G85691

1. Entity Name

STONEHEDGE RESIDENTS' INCORPORATED



Principal Place of Business

39820 US HWY 19 NORTH
TARPON SPRINGS FL 34689

Mailing Address

39820 US HWY 19 NORTH
TARPON SPRINGS FL 34689

0000416



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2378480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIANFRONE, JOSEPH R
1968 BAYSHORE BOULEVARD
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 consolidating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MCGINNIS, DONALD
STREET ADDRESS 39820 US 19 NORTH, #175
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE PD ☒ Delete
NAME WALPOLE, WILLIAM
STREET ADDRESS 39820 U.S. 19 NORTH #201
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE SD ☒ Delete
NAME MORTON, LOUISE
STREET ADDRESS 39820 US 19 NORTH #220
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VD ☐ Delete
NAME WILLIAMS, ROBERT
STREET ADDRESS 39820 US 19 NORTH, #54
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VD ☐ Delete
NAME MILLER, MARSHA
STREET ADDRESS 39820 US 19 NORTH, # 11
CITY-ST-ZIP TARPON SPRGS FL 34689

TITLE TD ☒ Delete
NAME ELTON, SUSAN
STREET ADDRESS 39820 U.S. 19 NORTH #13
CITY-ST-ZIP TARPON SPRINGS FL 34689

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME Immig, William
STREET ADDRESS 39820 US 19 North, #154
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE SD ☐ Change ☒ Addition
NAME Dutch, Naomi
STREET ADDRESS 39820 US 19 North, #216
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE PD ☒ Change ☐ Addition
NAME Williams, Robert
STREET ADDRESS 39820 US 19 North, #54
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME Amstutz, Richard
STREET ADDRESS 39820 US 19 North, #63
CITY-ST-ZIP Tarpon Springs, FL 34689

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

Richard Amstutz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Amstutz

3/8/06

727-934-7917

Date

Daytime Phone #