## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

	NENT (1) 1000000	005		<del></del>			
DOCU  1. Entity Nam	MENT # N04000000		FILED				
	STON CONDOMINIUM ASSO		00 HH 00 DH 2: 51				
					06 JUN 26 PM 2: 51		
Principal Place of Business Mailing Address					SEURETARY OF STATE		
		2020 CTUBHOUSE DRIVE SUN CITY, EL 33573			TALLAHASSEE,	PLUNDA	1
30N OFFI TE 33375				1 188 ME1 40 4 4 ME			
<sup>2</sup> Sterling Management Services		ng Address	ng Address				HO) 11 (13)
<b>—</b>	1701-B Rickenbacker Drive		a, Apt. #, etc.		hg-NP CR2E	037 (4/06)	
Sun City Center, FL 33573		& State	& State			Ap	plied For
		ZIP	ZIP Country		917 Not Applicable  \$8.75 Additional		
					5. Certificate of Status Desired Fee Required		
6. Name and Address of Current Registered Agent  Name In Address of New Registered Agent  Name In Address of Current Registered Agent							
HASTING	S, VIVIEN N	<u>ames k. De fi</u>	S R. De Furio P.A.				
24301 WALDEN CENTER DRIVE STE 300  BONITA SPRINGS, EL 34134  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  SUITE 1460							
+			1		- '		
			City-T/	impa	FL	Zip Code 33(a	
8. The above named entity submits this state of Line 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.							
the obligat	tions of registered agent.	0.0	_ `				
SIGNATURE // James R. VETURIO 6-17-06							
	Signature, typed or printed name of registered agent an	nd title il applicable. (NOTE: F	Registered Agent signatu	required when reinstating)	DATE		
	Amended 50 to 604 95	9. Election Camp		\$5.00 May Be	Make chec	k payable to	-
L	Amended AR is \$61.25	Trust Fund Co		Added to Fees	Florida Depai	tment of St	ate
10.	OFFICERS AND DIRE	<del></del>	11. TITLE	ADDITIONS/CHANG	ES TO OFFICERS AND DI		
NAME	BEYER, R.C. JR	☐ Delete	NAME	President: Emily Lahti		Change	☐ Addition
STREET ADDRESS	2020 CLUBHOUSE DRIVE STREET ADDRESS		2471 Kensington Greens Drive Sun City Center, FL 33573				
CITY-ST-ZIP	SUN CITY, FL 33573	<u></u>	CITY-ST-ZIP		<u> </u>		
TITLE NAME	LAHTI, EMILTY K	☐ Delete	TITLE NAME	Vice President: Bob Ma	President: Bob Marraro		☐ Addition
STREET ADDRESS	2471 KENSINGTON GREENS		Street address	Sun Cir			
CITY-\$T-ZIP	SUN CITY CENTER, FL 33573 CITY-ST-ZIP						
TITLE NAME	DST KEITH, SYLVIA	☐ Delete	TITLE		ecretary: Barb Marraro		☐ Addition
STREET ADDRESS	2020 CLUBHOUSE DR.		STREET ADDRESS				
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP				<u> </u>
TITLE NAME		Delete	TITLE Name	Treasurer: Nina Matir	Freasurer: Nina Malinak  2424 Kensington Greens Drive  Sun City Center, FL 33573		Addition Addition
STREET ADDRESS			STREET ADDRESS	2424 Kensi			
CITY-ST-ZIP	1 105	<u>.</u>	CITY-ST-ZIP	Sun City C	enter, FL 333/3		
NAME	( K ) ( ) ( ) ( )	☐ Delete	TITLE NAME	Director: Janice Niepe		Change	Addition
STREET ADDRESS			STREET ADDRESS		1006 Chelsea Greens Court Sun City Center, FL 33573		
CITY-ST-ZIP	<u>'</u>		CITY-ST-ZIP				
TITLE NAME		Delete	TITLE NAME	ከጠ	0 <b>077084</b> 0601044016	Change	Addition
			STREET ADDRESS	07/06/0	0601044016	**61	.25
STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>			
STREET ADDRESS CITY-ST-ZIP  12. I hereby condicated	certify that the information supplied with to in this report or supplemental report is to	rue and accurate and that my	city-st-zip he exemptions co signature shall h	ontained in Chapter 119, Flo ave the same legal effect as	rida Statutes. I further cert	ify that the int	formation or director
STREET ADDRESS CITY-ST-ZIP  12. I hereby condicated of the con	certify that the information supplied with to on this report or supplemental report is to proration or the receiver or trustee empoy, or on an attachment with an address, wi	rue and accurate and that my vered to execute this report as	city-st-zip he exemptions co signature shall h	ontained in Chapter 119, Flo ave the same legal effect as	rida Statutes. I further cert	ify that the int	formation or director
STREET ADDRESS CITY-ST-ZIP  12. I hereby condicated of the con	on this report or supplemental report is to reportation or the receiver or trustee empower, or on an attachment with an address, with the control of the con	rue and accurate and that my vered to execute this report as	city-st-zip he exemptions co signature shall h	ontained in Chapter 119, Flo ave the same legal effect as	rida Statutes. I further cert	ify that the int	formation or director