



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

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000001932 1. Entity Name STONE WALK OWNERS ASSOCIATION, INC.	
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Principal Place of Business 858 HILLCREST DR NOKOMIS, FL 34275	Mailing Address P O BOX 297 LAUREL, FL 34272
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2410135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PETERSON, DAVID E 858 HILLCREST DR NOKOMIS, FL 34275	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

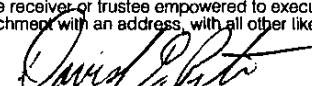
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PETERSON, DAVID E 858 HILLCREST DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAITHNESS, MARK I 2440 N TAMIAMI TR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAITHNESS, PAULA 2440 N TAMIAMI TR NOKOMIS, FL 34275
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01/19/07-80015-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **DAVID E. PETERSON PRES** 1/15/07 941-484-7059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #