2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012304

FILED Jun 26, 2007 Secretary of State

Entity Name: STANTON RIDGE HOMEOWNERS ASSOCIATION INC

urrent Princip	al Place of Business:	New Prince	cipal Place of Business:	
	STMONTE DRIVE PRINGS, FL 32714	2180 WES SUITE 500 LONGWO		
current Mailing Address:		New Maili	New Mailing Address:	
	STMONTE DRIVE PRINGS, FL 32714	2180 WES SUITE 500 LONGWO		
El Number: 20-804 accordance with	43247 FEI Number Applied For () Fs. 607.193(2)(b), F.S., the corporation did not rec	El Number Not App eive the prior notic		
ame and Addr	ess of Current Registered Agent:	Name and	Address of New Registered Agent:	
	E A STMONTE DRIVE PRINGS, FL 32714 US	SENTŔY M 2180 WES	MES W JR MANAGEMENT INC ST SR 434 SUITE 5000 OD, FL 32779 US	
ne above name the State of Flo		ose of changing	its registered office or registered agent, or both	
GNATURE: J	AMES W HART JR		06/26/2007	
GNATURE: <u>J</u>	AMES W HART JR Electronic Signature of Registered Agent		06/26/2007 Date	
_		ADDITION		
FFICERS AND tle: D ame: SAND tldress: 235 N	Electronic Signature of Registered Agent	ADDITION Title: Name: Address: City-St-Zip:	Date	
FFICERS AND tile: D time: SAND tidress: 235 N ty-St-Zip: ALTA tile: D time: KRAN tidress: 235 N	Electronic Signature of Registered Agent DIRECTORS: (X) Delete DERS, KYLE A NORTH WESTMONTE DRIVE	Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTO	
le: Dume: SANE le: Days Sty-St-Zip: ALTA le: Dume: KRAN ldress: 235 N ty-St-Zip: ALTA ldress: 235 N ty-St-Zip: ALTA le: Dume: KRAN ldress: 235 N ty-St-Zip: QUEI ldress: QUEI ldress: 235 N	Electronic Signature of Registered Agent DIRECTORS: (X) Delete DERS, KYLE A NORTH WESTMONTE DRIVE MONTE SPRINGS, FL 32714 () Delete MER, KEVIN NORTH WESTMONTE DRIVE	Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition PD (X) Change () Addition KRAMER, KEVIN 235 NORTH WESTMONTE DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN KRAMER PD 06/26/2007