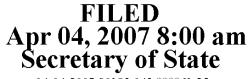
## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT (AR)** DOCUMENT # N12730 1. Entity Name STONEHEDGE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.



04-04-2007 90183 043 \*\*\*\*61.25



Principal Plac	on of Business	Mailing Address						
Principal Plac	e of busiless	Mailing Address	halling Address					
			50 NORMANDY PLACE MELBOURNE BEACH FL 32951					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	ailing Addross		DI TERNA INDRAN ANTA MANIMANI			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E037 (10/06)			
City & State		City & State	Dity & State		4. FEI Number Applied Applied S9-2669817 Not App			
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		7. Name and Ado	lress of New Registered A	gent		
			Name					
102	LY, JOHN	MANDY PLAC	Stroet A	Street Address (P.O. Box Number is Not Acceptable)				
MEI	LBOURNE BEACH FL 3295	1						
			City		FL	Zip Co	de	
	named entity submits this statement f	or the purpose of changing i	ts registered office o	r registered agent, or both, in	the State of Florida. I am fa	miliar with	i, and accept	
tho obligat	tions of registered agent.							
	4, 2							
SIGNATURE .	Signature, typed or printed name of registered agen	t and title it controlling. (Mi	OTE Provisional Agost suppl	ure required when reinstating)	DATE			
	Signature, typed or printed have or registered again	( and the supplicable. (14)	TIE. Negisiere dingeni signal	are required when remstating)	OMI.			
	FILE NOW, FEE 10 404 OF	0.51		\$5.00 May Be		B		
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		Make Check			
	Due By May 1, 2007	inds( runc	Contribution,	☐ Added to Fees	Florida Departi	ment of	State	
10,	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS I	N 10	
TITLE	VD	Delete	TITLE	VD		☐ Change	Addition	
NAME	MCKENNA, THOMAS	• •	NAME	COLE, ROCE 139 NORMA	AD W PL			
STREET ADDRESS	125 NORMANDY PL		SIRFET ADDRESS	139 NORMA	Person of To			
CITY - ST - ZIP	MELBOURNE BEACH FL 32951		CITY-ST-ZIP	MELBOURNE	BEACH, FL 329	931		
TITLE	TD	Delete	TITLE			☐ Change	Addition	
NAMÉ	JOHNSTON, YVONNE		NAME					
STREET ADDRESS	104 NORMANDY PLACE		STREET ADDRESS					
C(TY - ST- 7IP	MELBOURNE BEACH FL 32951		CHY ST ZIP		<u> </u>			
HRE	įυ	☐ Delete	<u>   </u>			∐ Change	Addition	
NAME DESCRIPTION	WAGNER, T. ROBERT		NAME STRELLADORESS					
STREET LADDRESS CITY+ST-ZIP	112 NORMANDY PL MELBOURNE BEACH FL 32951		CHY-SI-7IP					
1		Delete		5 0	<del></del>	Change	Addition	
TITLE NAME	SD SPECOIDE MARION	Deficie	TITLE NAME		11/CE	□ Unange	Addition	
STREET ADDRESS	GREGOIRE, MARION 124 NORMANDY PLACE		STREET ADDRESS	145 NORMAN	JOY PL			
CITY - ST - ZIP	MELBOURNE BEACH FL 32951		CHY-S1-ZIP	MELBOUR NE		151		
TITLE	Р	<b>▼</b> Delete	TITLE	~ A		☐ Change	Addition	
NAME	KIELY, JOHN	20000	NAME	SAVAGE, DA	NIEL	_ `	•••	
STRUT I ADDRESS	102 NORMANDY PL		STREET ADDRESS	SAVAGE, DA	COVE DR			
CITY - ST - ZIP	MELBOURNE BEACH FL 32951		CHY ST-7IP	MELBULRNE	BEACH, FL 329	151		
TATLE		☐ Delete	DILE			☐ Change	Addition	
NAME	1		NAME	ľ				
			Control C					
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS					

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 eath; 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: