


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90019 003 ****61.25

| | | | |
|---|---------|---|---------|
| DOCUMENT # N12730 | |  | |
| 1. Entity Name STONEHEDGE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business 150 NORMANDY PLACE MELBOURNE BEACH FL 32951 | | Mailing Address 150 NORMANDY PLACE MELBOURNE BEACH FL 32951 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/07)

| | | | |
|---|--|--|--|
| 4. FEI Number 59-2669817 | | Applied For <input type="checkbox"/> No: Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent KIELY, JOHN 102 NORMANDY PLACE MELBOURNE BEACH FL 32951 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | 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 and title when registering) DATE _____

| | | | |
|--|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|--------------------------|--|--|---|---------------------------|---------------------------------|--|
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COLE, ROGER | | | NAME | | | |
| STREET ADDRESS | 139 NORMANDY PL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | | | CITY-ST-ZIP | | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | | TITLE | TD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSTON, YVONNE | | | NAME | CONRY, MARY PAT | | |
| STREET ADDRESS | 104 NORMANDY PLACE | | | STREET ADDRESS | 137 NORMANDY PL | | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | | | CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | WAGNER, T. ROBERT | | | NAME | DIAZ, WILLIAM | | |
| STREET ADDRESS | 112 NORMANDY PL | | | STREET ADDRESS | 122 NORMANDY PL | | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | | | CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THOMPSON, ALICE | | | NAME | | | |
| STREET ADDRESS | 145 NORMANDY PL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | | | CITY-ST-ZIP | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SAVAGE, DANIEL | | | NAME | | | |
| STREET ADDRESS | 131 HIDDEN COVE DR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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 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: DANIEL SAVAGE, PRES. *Daniel Savage* 2-20-08 321-733-2288