2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12730

FILED Feb 16, 2009 Secretary of State

Entity Name: STONEHEDGE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

150 NORMANDY PLACE

MELBOURNE BEACH, FL 32951

Current Mailing Address: New Mailing Address:

150 NORMANDY PLACE MELBOURNE BEACH, FL 32951

FEI Number: 59-2669817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KIELY, JOHN 102 NORMANDY PLACE MELBOURNE BEACH, FL 32951 US

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.

SIGNATURE:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition Name: COLE, ROGER Name: BUBAN, STEPHEN

Address: 139 NORMANDY PL Address: 101 NORMANDY PL

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete Title: () Change () Addition

 Name:
 DIAZ, WILLIAM
 Name:

 Address:
 122 NORMANDY PL
 Address:

 City-St-Zip:
 MELBOURNE BEACH, FL 32951
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition Name: THOMPSON, ALICE Name: WAGNER, T. ROBERT

Name:THOMPSON, ALICEName:WAGNER, T. ROBERTAddress:145 NORMANDY PLAddress:112 NORMANDY PL

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

Title: PD () Delete Title: PD (X) Change () Addition

Name:SAVAGE, DANIELName:BAILEY, RUSSELLAddress:131 HIDDEN COVE DRAddress:118 NORMANDY PLACE

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

 Name:
 COWRY, MARY PAT
 Name:
 CONRY, MARY PAT

 Address:
 137 NORMANDY PL
 Address:
 137 NORMANDY PL

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

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: RUSSELL BAILEY PD 02/16/2009