FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:05

DOCUMENT # N17409 (6)

1. Corporation Name

STONE EDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 416 LEHIGH ACRES FL 33936	P O BOX 416 LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1986
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2803995 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BALAS, EILEEN S.
10 BETH STACEY BLVD
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

01 Name: FOX, ALFRED P.
02 Street Address (P.O. Box Number is Not Acceptable):
03: 10 BETH STACEY BLVD #101
04 City: LEHIGH ACRES FL 05 Zip Code: 33936

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ALFRED P. FOX, TREAS. Alfred P. Fox 2/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	BENDER, DONNA A	1.2 NAME	
STREET ADDRESS	10 BETH STACEY BLVD #112	1.3 STREET ADDRESS	LEPIEN, LORAINE M.
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	10 Beth Stacey #115 Lehigh Acres, Fl 33936
TITLE	VSD	2.1 TITLE	☒ Change ☐ Addition
NAME	LEPEIN, GILBERT	2.2 NAME	V/S/D
STREET ADDRESS	10 BETH STACEY #115	2.3 STREET ADDRESS	O'MALLEY, CATHERINE A.
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	10 Beth Stacey #111 Lehigh Acres, Fl 33936
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	HAENSZEL, ROBERT	3.2 NAME	T/D
STREET ADDRESS	10 BETH STACEY #113	3.3 STREET ADDRESS	FOX, ALFRED P.
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	10 Beth Stacey #101 Lehigh Acres, Fl 33936
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BALAS, EILEEN S	4.2 NAME	
STREET ADDRESS	10 BETH STACEY #107	4.3 STREET ADDRESS	D - BALAS, EILEEN S.
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	(same)
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	CHIARELLO, JAMES	5.2 NAME	D - SHUTAN, LOUISE
STREET ADDRESS	10 BETH STACEY #103	5.3 STREET ADDRESS	10 Beth Stacey #102
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP	Lehigh Acres, Fl 33936
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	VAN NIEUWENHUYSE, IRENE	6.2 NAME	T - HAENSZEL, ROBERT
STREET ADDRESS	10 BETH STACEY BLVD.	6.3 STREET ADDRESS	10 Beth Stacey #113
CITY-ST-ZIP	LEHIGH ACRES FL	6.4 CITY-ST-ZIP	Lehigh Acres, Fl. 33936

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfred P. Fox 2/23/95 8137698370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017636