

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90027 037 ****61.25

0071164

DOCUMENT # N17409

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2803995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOX, ALFRED P.
10 BETH STACEY BLVD
STE 101
LEHIGH ACRES FL 33936**

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D BAKOVIC, PATRICIA**
STREET ADDRESS **2619 FIFTH STREET**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD REHM, ALFRED D.**
STREET ADDRESS **10 BETH STACEY BLVD. #207**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD MEYER, HERBERT**
STREET ADDRESS **10 BETH STACEY 213**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D DILLOW, JAMES L**
STREET ADDRESS **10 BETH STACEY #114**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D MARKETTI, FLOYD**
STREET ADDRESS **10 BETH STACEY #106**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☒ Addition
NAME **BARBARA ZIMMERMAN**
STREET ADDRESS **10 BETH STACEY #107**
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE ☐ Delete
NAME **TD HAENSZEL, ROBERT**
STREET ADDRESS **10 BETH STACEY #113**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)