

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90065 038 ****61.25

DOCUMENT # N17409 1. Entity Name STONE EDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STONE EDGE CONDO 10 BETH STACEY BLVD LEHIGH ACRES, FL 33936			Mailing Address P O BOX 416 LEHIGH ACRES, FL 33970		
2. Principal Place of Business <i>Stone Edge Condo.</i> Suite, Apt. #, etc. <i>10 Beth Stacey Blvd</i>		3. Mailing Address <i>Stone Edge Condo.</i> Suite, Apt. #, etc. <i>P.O. Box 416</i>			
City & State <i>Lehigh Acres, FL</i>		City & State <i>Lehigh Acres, FL</i>			
Zip <i>33936</i>	Country <i>Lee</i>	Zip <i>33970</i>	Country <i>LEE</i>	4. FEI Number 59-2803995	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BIRCH, WILLA L 10 BETH STACEY BLVD STE 105 B LEHIGH ACRES, FL 33936			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Willie L. Birch</i> 1-27-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	S BIRCH, WILLA L ☐ Delete 10 BETH STACEY BLVD # 105 B LEHIGH ACRES, FL 33936		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATTANO, ARLENE ☒ Delete 10 BETH STACEY BLVD # 108B LEHIGH ACRES, FL 33936		TITLE O NAME STREET ADDRESS CITY-ST-ZIP	ALFRED REHM ☒ Change ☐ Addition 10 Beth Stacey, Unit 207 Lehigh Acres, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, WILLIAM ☒ Delete 10 BETH STACEY BLVD # 201A LEHIGH ACRES, FL 33936		TITLE O NAME STREET ADDRESS CITY-ST-ZIP	RONALD DAVIS ☒ Change ☐ Addition 10-Beth Stacey, Unit 208 Lehigh Acres, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, HERBERT ☐ Delete 10 BETH STACEY BLVD, #213-C LEHIGH ACRES, FL 33936		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIMMERMAN, BARBARA ☒ Delete 10 BETH STACEY BLVD # 107B LEHIGH ACRES, FL 33936		TITLE O NAME STREET ADDRESS CITY-ST-ZIP	Robert HAENSZEL ☒ Change ☐ Addition 10 Beth Stacey Blvd, Unit 113 Lehigh Acres, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Willie L. Birch</i> 1-27-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					