## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 15, 2006 8:00 am Secretary of State

1. Entity Nan	MENT # N17409  DEBUT TO THE PROPERTY OF THE PR		02-15-2006 90025 004 ****61.25					
Principal Place of Business Mailing Address STONE EDGE CONDO P O BOX 416 10 BETH STACEY BLVD LEHIGH ACRES, FL 33970 LEHIGH ACRES, FL 33936								
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082006	Chg-NP	CR2E037 (11/05	)	
City & State		City & State		4. FEI Numbe 59-2803		<del>}</del> +	Applied For Not Applicable	
Zip	Country	Zip	Country		of Status Desired	- Fee Requ		
ļ	6. Name and Address of Current I	Registered Agent	Name	¥ .	7. Name and Address of New Registered Agent			
10 BETH STACEY BLVD Street Address (					nnings-Willam (P.O. Box Number's Not Acceptable)			
STE 105 B LEHIGH ACRES, FL 33936				10 Beth Stacey Blud #201 CityLehigh Aures FL 28 0936				
			Lay e	high F	fore	s FL 3	3936	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or r	registered agent, or both	n, in the State of	Florida. I am familiar wil	h, and accept	
SIGNATURE	William Jennings					2-11-06		
O GIVE TO THE	Signeture, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signatur	re required when reinstating)		DATE		
Jordan	Signature, typed or printed name of registered agent a Filling Fee is \$61.25	9. Election Can	npaign Financing	\$5.00 May Be	,	Make check payable	ı to	
GIGITATION	Signeture, typed or printed name of registered agent a		npaign Financing	se required when reinstating)  \$5.00 May Bo Added to Fees	F	DATE		
10.	Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	F OFFI	Make check payable lorida Department of	State	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 OF SIGNING OF FIGHT OR DIRECTOR	2-11-06	863-674-4047 x156
SIGNATURE AND TYPED OR FRITTED HAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #