


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90103 047 ****61.25

DOCUMENT # N17409 1. Entity Name STONE EDGE CONDOMINIUM ASSOCIATION, INC.	
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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
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60011778



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2803995	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JENNINGS, WILLIAM 10 BETH STACEY BLVD STE 201 LEHIGH ACRES, FL 33936
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7. Name and Address of New Registered Agent Name <u>Birch Willa</u> Street Address (P.O. Box Number is Not Acceptable) <u>10 Beth Stacey Blvd. #105B</u> City <u>Lehigh Acres FL</u> Zip Code <u>33936</u>

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 <u>Willa L. Birch</u> DATE <u>2/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENNINGS, WILLIAM 10 BETH STACEY BLVD STE 207 LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENNINGS, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 BETH STACEY BLVD 207 LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O REHM, ALFRED 10 BETH STACEY UNIT 207 LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DAVIS, RONALD 10 BETH STACEY UNIT 208 LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, HERBERT <input checked="" type="checkbox"/> Delete 10 BETH STACEY BLVD, #213-C LEHIGH ACRES, FL 33936	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Birch Willa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10 BETH STACEY BLVD #105B Lehigh Acres FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHMA, SUSAN <input type="checkbox"/> Delete 10 BETH STACEY BLVD 103 LEHIGH ACRES, FL 33936	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: <u>Willa L. Birch</u> DATE <u>2/1/07</u> 239-368-5305 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
