

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

27. **FILED**
Mar 24, 2008 8:00 am
Secretary of State

02-25-2008 90064 037 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																					
City & State		City & State		4. FEI Number 59-2803995																																																																																																																																																			
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																			
6. Name and Address of Current Registered Agent WILLA, BIRCH 10 BETH STACEY BLVD SUITE 105B LEHIGH ACRES, FL 33936				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																			
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																																																																																																																																																							
Filing Fee is \$61.25 Due by May 1, 2008		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">☐ Delete</td> <td style="width: 15%;"></td> </tr> <tr> <td>NAME</td> <td>JENNINGS, WILLIAM</td> <td></td> <td><i>President</i></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10 BETH STACEY BLVD STE 207</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LEHIGH ACRES, FL 33936</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>O</td> <td>☒ Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td>REHM, ALFRED</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10 BETH STACEY UNIT 207</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LEHIGH ACRES, FL 33936</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>O</td> <td>☒ Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td>DAVIS, RONALD</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10 BETH STACEY UNIT 208</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LEHIGH ACRES, FL 33936</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☐ Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td>BIRCH, WILLA</td> <td></td> <td><i>Treasurer</i></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10 BETH STACEY BLVD SUITE 105B</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LEHIGH ACRES, FL 33936</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☒ Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td>GRAHMA, SUSAN</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10 BETH STACEY BLVD 103</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LEHIGH ACRES, FL 33936</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	P	☐ Delete		NAME	JENNINGS, WILLIAM		<i>President</i>	STREET ADDRESS	10 BETH STACEY BLVD STE 207			CITY-ST-ZIP	LEHIGH ACRES, FL 33936			TITLE	O	☒ Delete		NAME	REHM, ALFRED			STREET ADDRESS	10 BETH STACEY UNIT 207			CITY-ST-ZIP	LEHIGH ACRES, FL 33936			TITLE	O	☒ Delete		NAME	DAVIS, RONALD			STREET ADDRESS	10 BETH STACEY UNIT 208			CITY-ST-ZIP	LEHIGH ACRES, FL 33936			TITLE	T	☐ Delete		NAME	BIRCH, WILLA		<i>Treasurer</i>	STREET ADDRESS	10 BETH STACEY BLVD SUITE 105B			CITY-ST-ZIP	LEHIGH ACRES, FL 33936			TITLE	D	☒ Delete		NAME	GRAHMA, SUSAN			STREET ADDRESS	10 BETH STACEY BLVD 103			CITY-ST-ZIP	LEHIGH ACRES, FL 33936			TITLE		☐ Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition																																													
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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 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>Willa L. Birch, Treas.</i> 3-14-08 239-348-5305																																																																																																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR																																																																																																																																																							

66004812



01132008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

FL Zip Code

Herbert Meyer