2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000001002

FILED Apr 24, 2007 Secretary of State

Entity Name: STALLWORTH PRESERVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:		
215 GRANI SUITE 200 MIRAMAR	D BLVD BEACH, FL	32550	US				
Current Mailing Address:					New Mailing Address:		
215 GRANI SUITE 200 MIRAMAR	D BLVD BEACH, FL	32550	US				
FEI Number:	59-3160654	FEI N	umber Applied For()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and	Address of	Current	Registered Agent:		Name and	Address o	of New Registered Agent:
GORMELY 215 GRANI SUITE 200 MIRAMAR		32550 L	JS				
The above in the State		y submits	this statement for the	e purpose o	f changing it	s registere	ed office or registered agent, or both,
SIGNATUR	RE:						
	Electr	onic Sign	ature of Registered A	gent			Date
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP ANDERSON, 2566 INGLES GERMANTON	SIDE FARM			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	DP TERRY, RON 3034 THE OA MIRAMAR BE	AKS	:2550 US		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	DV CARTER, KE 2076 CAHAB INDIAN SPRI	A VALLEY			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D HARPER, DA 3015 FREE F FT SMITH, AI	FERRY	S		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	DST MITCHELL, S 3034 THE OA MIRAMAR BE	4KS	:2550 US		Title: Name: Address: City-St-Zip:		(X) Change () Addition SHARON T PACES PARK CT NW GA 30327 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON MITCHELL SEC 04/24/2007