No. C 155242 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Jun 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. STONE ARBOR HOMEOWNERS ASSOCIATION, INC. MATTHEW WILLIAMS PO BOX 1344 IDAHO FALLS ID 83403-1344		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) MATTHEW WILLIAMS 4611 TRANQUIL PL IDAHO FALLS ID 83406 3. New Registered Agent Signature:*			
				4611 TRANQU IDAHO FALLS				
				3. <u>New</u> Registere				
4. Corporations: Ent	er Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DALE JOHNS	SON	4539 NATURES PL	IDAHO FALLS	ID	USA	83406	
DIRECTOR	NATE EPSLI	N	4556 BOTANICAL	IDAHO FALLS	ID	USA	83406	
PRESIDENT	MATTHEW WILLIAMS		4611 TRANQUIL DR.	IDAHO FALLS	ID	USA	83406	
DIRECTOR	TINA DAVIS		4612 BOTANICAL DR.	IDAHO FALLS	ID	USA	83406	
DIRECTOR	DERRICK NIELSON		4501 NATURES PLACE	IDAHO FALLS	ID	USA	83406	
DIRECTOR	SHANNON CARNEY		663 S. BELLE ARBOR	IDAHO FALLS	ID	USA	83406	
DIRECTOR			579 S. BELLE ARBOR DR	IDAHO FALLS	ID	USA	83406	
DIRECTOR JEREMY GEORGE			513 S. BELLE ARBOR DR.	IDAHO FALLS	ID	USA	83406	
DIRECTOR	NICOLE AND	DREWS	4557 BOTANICAL DR.	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Matthew Williams			Date: 07/11/2017			
C 155242		Name (type or print): Matthew Williams			Title: Member			
Processed 07/11/20	17	* Electronically p	rovided signatures are accepted as original	signatures.				