

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90325 046 ****61.25

DOCUMENT # 750201
1. Entity Name
**STONEBRIDGE GARDENS, SECTION THREE,
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address
**2900 NORTHWEST 55TH AVE.
LAUDERHILL FL 33313** **2900 NORTHWEST 55TH AVE.
LAUDERHILL FL 33313**

14000755



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-2085860 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**BAKALAR, BROUGH & CHADROW, P.A.
WESTSIDE CORPORATE CENTER
150 SOUTH PINE ISLAND RD STE 540
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name **Universal Law Center, LLC**
Street Address (P.O. Box Number is Not Acceptable)
7491 West Oakland Park Blvd
Second Floor
City **Lauderhill,** **FL** Zip Code **33319**

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]* DATE: **4/11/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, MICHAEL D 2900 NW 55 AVENUE LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, PATRICIA 2900 NW 55 AVE LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WILLIAMS, NADIA 2900 NW 55 AVE LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Burt Lawrence 2900 NW 55 AVE Lauderhill, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT (assistant treasurer) Claire Paragon-Singh 2900 NW 55 Ave Lauderhill, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/13/04** Daytime Phone #: **954-739-6082**