


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 018 ****61.25

DOCUMENT # 750201 1. Entity Name			
STONEBRIDGE GARDENS, SECTION THREE, CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2900 NORTHWEST 55TH AVE. LAUDERHILL FL 33313		Mailing Address 2900 NORTHWEST 55TH AVE. LAUDERHILL FL 33313	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2085860				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELSINGER, BROWN, LEWIS & FRANKEL, P.A. 4000 HOLLYWOOD BLVD STE 265 -SOUTH HOLLYWOOD FL 33021			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					

FILE NOW: 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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MICHAEL D	NAME	
STREET ADDRESS	2900 NW 55 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, PATRICIA	NAME	Eric Nathanson
STREET ADDRESS	2900 NW 55 AVE	STREET ADDRESS	2900 NW 55 Avenue
CITY-ST-ZIP	LAUDERHILL FL 33313	CITY-ST-ZIP	Lauderhill, FL 33313
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, NADIA	NAME	Franco Di Donato
STREET ADDRESS	2900 NW 55 AVE	STREET ADDRESS	2900 NW 55 Avenue
CITY-ST-ZIP	LAUDERHILL FL 33313	CITY-ST-ZIP	Lauderhill, FL 33313
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, BURT	NAME	Tovakesha Barber
STREET ADDRESS	2900 NW 55 AVE	STREET ADDRESS	2900 NW 55 Avenue
CITY-ST-ZIP	LAUDERHILL FL 33313	CITY-ST-ZIP	Lauderhill, FL 33313
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	Assistant TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARAGON-SINGH, CLAIRE	NAME	Nalda Mowatt
STREET ADDRESS	2900 NW 55 AVE	STREET ADDRESS	2900 NW 55 Avenue
CITY-ST-ZIP	LAUDERHILL FL 33313	CITY-ST-ZIP	Lauderhill, FL 33313
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Frank Di Donato 4/26/07