## **2006 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT (AR)

## **DOCUMENT # 750205**

1. Entity Name

SIGNATURE:



FILED Apr 11, 2006 8:00 am Secretary of State 04-11-2006 90112 036 \*\*\*\*61.25

954-739-6082

STONEBRIDGE GARDENS, SECTION ONE, CONDOMINIUM ASSOCIATION, INC.										
Principal Place of Business		Mailing A	Mailing Address							
2900 NORTHWEST 55TH AVE. LAUDERHILL FL 33313			2900 NORTHWEST 55TH AVE. LAUDERHILL FL 33313							
2. Principal P	Place of Business	3. Mailing	3. Mailing Address			]	LEO CINI <b>Eziko</b> ilea bului eki	B:##  B #   B B   B B   B B	<b>                  </b>	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			1st MOORE CR2E037 (10/05)				
City & Stat	e	City &	City & State			4. FEI Number Applied For S9-2085864 Not Applicable				
Zip	Zip Country		Zip Cou			5. Certificate of Status Desired			ditional	
·····	6. Name and Address of (	Current Registered A	gent			7. Name and Ac	Idress of New Rec	gistered Agent		
				Name	· · · · · · · · · · · · · · · · · · ·					
BRC	OUGH, CHADROW & L	EVINE, P.A.	Δ			(P.O. Box Number is Not Acceptable)				
GLC	DBAL COMMERCE CEI	NTER		011001	`	`				
	0 NORTH COMMERCE RT LAUDERDALE FL 3:				4000	Hollywood	Boukrand	, Suite 263	-South	
FOR	TI LAUDENDALE FE 3.	3320		City	Holly	mood		FL Zip Cod	le	
	named entity submits this state	ement for the purpose	of changing its r	egistered office	or register	ed agent, or both, i	in the State of Flori	da. I am familiar with,	and accept	
ine obligat	tions of registered agent.	011								
CIONATURE	(AUX	17_	ANDO	EN I, L	EWIS	ESQ.	2	30/06		
SIGNATURE .	Signature, typed or printed name of registr	ered agent and title if applicable	· · · · · · · · · · · · · · · · · · ·	Registered Agent signs		<i></i>		DATE		
		* ************************************					15 (15 15 g t)   21 ma 150 g	romaneza eta errora eta errora eta errora.	£1000 (100) (1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (100) (1000 (100) (100) (100) (1000 (100)	
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  Florida Department of State										
10.	OFFICERS .	AND DIRECTORS		11.	,	ADDITIONS/CHAN	GES TO OFFICERS	AND DIRECTORS IN	110	
TITLE	PD		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	SCHNEIDER, EDGAR R			NAME	-					
STREET ADDRESS	2900 N.W. 55 AVE.			STREET ADDRESS						
CITY-ST-ZIP	LAUDERHILL FL 33313		· · ·	CITY-ST-ZiP	ļ					
THILE	VD		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	DIDONATO, FRANK 290 0NW 55 A VE.			NAME CIDEET ADDRESS						
CITY-ST-ZIP	LAUDERHILL FL 33313			STREET ADDRESS CITY-ST-ZIP						
TITLE	TD	<del></del>	☐ Delete	1	-				□ N.430	
NAME	HANSRAM, RAMRUP		rTi (iélèis	TITLE NAME	İ		-	. Change -	Addition	
STREET ADDRESS	2900 NW 55 AVENUE			STREET ADDRESS					}	
CITY-ST-ZIP	LAUDERHILL FL 33313			CITY-ST-ZIP	1					
TITLE	SD		Delete	TITLE	1	÷		☐ Change	Addition	
NAME	ACOSTA, OSMANY			NAME	1					
STREET ADDRESS	2900 NW 55 AVENUE			STREET ADDRESS						
CITY-ST-ZIP	LAUDERHILL FL 33313			CITY-ST-ZIP	<u> </u>		.,,			
TITLE			☐ Delete	TITLE	ASSIS	tant S/D		Change	Addition	
NAME STREET ADDRESS				NAME	Ma	rgaret Wal , NW 55 rhill, FC	bridge			
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	2400	) NW 55	ANEURE			
<u> </u>			M notes	- <b>I</b>	Lause	rnill, FL	د او در.	П о		
TITLE NAME			Delete	TITLE NAME				☐ Change	☐ Addition }	
STREET ADDRESS				STREET ADDRESS	1					
CITY-ST-ZIP				CITY-ST-ZIP					]	
12. I hereby	certify that the information supr	olied with this filing do	es not qualify fo	r the exemptions	containe	d in Section 119 F	lorida Statutes. I fi	urther certify that the	information	
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.										