

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759514** (3)

1. Corporation Name

STURBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13857 WELLVIEW TRACE
STE D-1
WEST PALM BEACH FL 33414
US

13857 WELLINGTON TERR.
STE D-1
WEST PALM BCH FL 33414
US



3. Date Incorporated or Qualified
08/06/1981

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2280261

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WHITE, DON**
STREET ADDRESS **11871 STURBRIDGE LANE**
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE **DP** ☐ DELETE

NAME **ELMS, DORIS**
STREET ADDRESS **11883 STURBRIDGE LN**
CITY - ST - ZIP **WEST PALM BCH FL**

TITLE **DST** ☐ DELETE

NAME **LUCIANO, IDA**
STREET ADDRESS **11871 STURBRIDGE LN**
CITY - ST - ZIP **WEST PALM BCH FL**

TITLE **D** ☐ DELETE

NAME **REBBENACK, BOB**
STREET ADDRESS **1650 HUNTSVILLE RD**
CITY - ST - ZIP **SIMA VORTOWN PA**

TITLE **D** ☐ DELETE

NAME **NALVEN, ROD**
STREET ADDRESS **3343 WEST COMMERCIAL BLVD**
CITY - ST - ZIP **FT LADUERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Nain Elm

Ida Luciano

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nain Elm*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96
Date

Daytime Phone #

CR2E037 (12/95)