

6/11/

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 09, 2002 8:00 am
Secretary of State

06-11-2002 90150 004 ****61.25

DOCUMENT # 759514

1. Entity Name

STURBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3125 FORTUNE WAY
SUITE 1015
WELLINGTON FL 33414
US

Mailing Address

3125 FORTUNE WAY
SUITE 1015
WELLINGTON FL 33414
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2280261

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BUSINESS MANAGEMENT SERVICES3125 FORTUNE WAY
SUITE 1015
WELLINGTON FL 33414

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PEART, JAMINE	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THUSS, STEVE	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAY, JUANITA	
STREET ADDRESS	12765 W FOREST HILL BLVD., #1302	
CITY-ST-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ANN LYNN	
STREET ADDRESS	13724 HEADWATER CIR	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILLO ROSADA	
STREET ADDRESS	11879 STURBRIDGE LANE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS BLUMS	
STREET ADDRESS	11883 STURBRIDGE LANE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)