FILED
Jun 12, 2003 8:00 am
Secretary of State
04-28-2003 90169 002 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # 759514

1. Entity Name
STURBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.

55047748

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
3125 FORTUNE WAY SUITE 16 WELLINGTON FL 33414 US	3125 FORTUNE WAY SUITE 16 WELLINGTON FL 33414 US

2. Principal Place of Business	3. Mailing Address
1791 S. CLUB DRIVE Suite, Apt. #, etc.	1791 S. CLUB DRIVE Suite, Apt. #, etc.
City & State: WELLINGTON, FL Zip: 33414 Country: Palm Beach	City & State: WELLINGTON, FL Zip: 33414 Country: Palm Beach

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

BUSINESS MANAGEMENT SERVICES
3125 FORTUNE WAY
SUITE 16
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name: BUSINESS MANAGEMENT PLUS, INC.
Street Address (P.O. Box Number is Not Acceptable): 1791 S. CLUB DRIVE
City: WELLINGTON FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Steven L Harber, President DATE: 4/24/03
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

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD THUSS, STEVE 12765 W FOREST HILL BLVD #1302 WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, JUANITA 12765 W FOREST HILL BLVD., #1302 WELLINGTON FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNN, MARY A 12734 HEADWATER CIRCLE WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POSADA, RGO 11879 STURBRIDGE LANE WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELMS, DORIS 11883 STURBRIDGE LANE WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 X 6/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #