

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2009  
Secretary of State**

DOCUMENT# N02000008860

Entity Name: VISTAS AT STONEBRIDGE PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 46-0511679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: OUELLETTE, MICHAEL  
Address: 6000 KIPLING CT #102  
City-St-Zip: ORLANDO, FL 32835

Title: VPD ( ) Delete  
Name: RIBOCK, JASON  
Address: 6080 TWAIN ST #102  
City-St-Zip: ORLANDO, FL 32835

Title: TD ( ) Delete  
Name: MARTINEZ, RAFAEL  
Address: 6162 TWAIN ST #104  
City-St-Zip: ORLANDO, FL 32835

Title: PD (X) Delete  
Name: GAJEWSKI, WENDY  
Address: 6001 TWAIN ST #106  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TSD (X) Change ( ) Addition  
Name: OUELLETTE, MICHAEL  
Address: 6000 KIPLING CT #102  
City-St-Zip: ORLANDO, FL 32835

Title: VPD (X) Change ( ) Addition  
Name: GAJEWSKI, WENDY  
Address: 6001 TWAIN ST #106  
City-St-Zip: ORLANDO, FL 32835

Title: PD (X) Change ( ) Addition  
Name: MARTINEZ, RAFAEL  
Address: 6162 TWAIN ST #104  
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL MARTINEZ

PD

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date