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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004314

1. Corporation Name

STONEBRIDGE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

**4030 DIJON DRIVE
ORLANDO FL 32808
US**

Mailing Address

**4030 DIJON DRIVE
ORLANDO FL 32808
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

09/24/1993

4. FEI Number

65-0471204

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**

9. Name and Address of Current Registered Agent

**ANGELIA GORDON PROPERTY MANAGEMENT
4030 DIJON DRIVE
ATTN: ANGELIA GORDON
ORLANDO FL 32808**

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 reinstating)

DATE

1/26/98

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **VPD**
NAME **NOBLE, RON**
STREET ADDRESS **617 STONEFIELD LOOP**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **PD**
NAME **LYLE, JOHN**
STREET ADDRESS **660 STONEFIELD LP**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **D**
NAME **ROLOTA, CAROL**
STREET ADDRESS **643 STONEFIELD LP**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **D**
NAME **RUSSOW, PATRICK**
STREET ADDRESS **1608 ROCKDALE LP**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **DS**
NAME **KUBLAK, MICHAEL**
STREET ADDRESS **1617 ROCKDALE LP**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE ☐ DELETE
NAME **DALE, MARY**
STREET ADDRESS **697 STONEFIELD LOOP**
CITY-ST-ZIP **HEATHROW, FL 32746**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE **JOHNSON, SYLVESTER**
1.2 NAME **657 STONEFIELD LOOP**
1.3 STREET ADDRESS **HEATHROW FL 32746**
1.4 CITY-ST-ZIP

2.1 TITLE **JOHNSON, SYLVESTER** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **KING, KEN** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **648 STONEFIELD LOOP**
3.4 CITY-ST-ZIP **HEATHROW, FL 32746**

4.1 TITLE **DALE, MARY** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **680 STONEBRIDGE LOOP**
4.4 CITY-ST-ZIP **HEATHROW, FL 32746**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (407) 805-0518

CR2E037 (11/98)