

N93000004314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000024088470

10/31/03--01064--001 \*\*35.00

FILED  
04 JAN -6 AM 10:40  
SECRETARY OF STATE  
ALABAMA DEPT. OF REVENUE

N9 3600004314  
RAEM  
1-6-04

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: STONEBRIDGE MAINTENANCE ASSOCIATION, INC.  
(Name of corporation)

DOCUMENT NUMBER: N93000004314

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELIA GORDON  
(Name of person)

ALL ABOUT MANAGEMENT  
(Name of firm/company)

P.O. Box 1465  
(Address)

SANFORD FL 32772-1465  
(City/state and zip code)

For further information concerning this matter, please call:

ANGELIA L GORDON a. 407-322-4446  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 7, 2003

ANGELIA GORDON  
P.O. BOX 1465  
SANFORD, FL 32772-1465

SUBJECT: STONEBRIDGE MAINTENANCE ASSOCIATION, INC.  
Ref. Number: N93000004314

*The document  
signed org doc  
in both places*

We have received your document for STONEBRIDGE MAINTENANCE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Document Specialist

Letter Number: 503A00060963

REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STONEBRIDGE MAINTENANCE Association, Inc.
2. The principal office address: 206 ELM AVE.  
SANFORD, FL. 32771
3. The mailing address (if different): P.O. Box 1465  
SANFORD, FL 32772-1465
4. Date of incorporation/qualification: 9-24-93 Document number: N93000004314
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ANGELIA GORDON PROPERTY MANAGEMENT, INC.  
206 ELM AVE.  
SANFORD, FL. 32771

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ALL ABOUT MANAGEMENT, INC.  
206 ELM AVENUE  
SANFORD, FL. 32771

(P.O. Box or personal mailbox NOT acceptable)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN -6 AM 10:40

FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

Sylvester Johnson, Treasurer  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

2/19/03  
(Date)

If signing on behalf of an entity:

LADAN GORDON/McCARTY  
(Typed or Printed Name)

DIRECTOR  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314