

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005193 (7)**

1. Corporation Name

STONEBRIDGE HOMEOWNERS' ASSOCIATION OF INDIAN RIVER COUNTY, INC.



Principal Place of Business

Mailing Address

4445 HWY A1A
SUITE 150B
VERO BEACH FL 32963

4445 HWY A1A
SUITE 150B
VERO BEACH FL 32963

3. Date incorporated or Qualified **10/20/1994** 3a. Date of Last Report **06/21/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MECHLING, CHARLES
4445 HWY A1A
SUITE 150B
VERO BEACH FL 32963

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 date of application (NOTE: Registered Agent signature required when first filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, DAVID C	12 NAME	BAUER, DAVID C.
STREET ADDRESS	4445 HWY A1A	13 STREET ADDRESS	4445 HWY A1A
CITY-ST-ZIP	VERO BEACH FL 32963	14 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	DS <input type="checkbox"/> DELETE	21 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECHLING, CHARLES	22 NAME	MECHLING, CHARLES
STREET ADDRESS	4445 HWY A1A	23 STREET ADDRESS	4445 HWY A1A
CITY-ST-ZIP	VERO BEACH FL 32963	24 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELCHORI, STEVE	32 NAME	WACHTEL, JAMES C
STREET ADDRESS	4445 HWY A1A	33 STREET ADDRESS	4445 HWY A1A
CITY-ST-ZIP	VERO BEACH FL 32963	34 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE: *David C. Bauer* David C. Bauer, President 3/1/96 319-589-1228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)