

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005193

1. Entity Name

STONEBRIDGE HOMEOWNERS' ASSOCIATION OF INDIAN RI

FILED

Jul 07, 2000 8:00 am  
Secretary of State

05-23-2000 90248 026 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business<br>4445 HIGHWAY A1A<br>SUITE 250<br>VERO BEACH FL 32963<br>US | Mailing Address<br>% VILLAGE PROPERTIES<br>P O BOX 651296<br>VERO BEACH FL 32965-1296<br>US |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>59-3281713 | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                         | Country                       |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>DONNER, EDWARD D.<br>4445 HIGHWAY A1A<br>SUITE 250<br>VERO BEACH FL 32963 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|--|

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>BAUER, DAVID C<br>4050 WESTMARK DRIVE<br>DUBUQUE IA 52002 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TR<br>CEGELIS, WILLIAM V<br>315 53rd Circle<br>VERO BEACH FL 32968 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BROWN, GREG<br>360 53RD CIRCLE<br>VERO BEACH FL 32968 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>PISANI, PERRY M<br>220 53rd Circle<br>VERO BEACH FL 32968 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>FELTES, GREGORY G<br>4050 WESTMARK DRIVE<br>DUBUQUE IA 52002 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SEC<br>TARR, LOUIS<br>5420 2nd PLACE<br>VERO BEACH FL 32968 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DACE<br>GAGEL, WALTON C<br>5420 3rd PLACE<br>VERO BEACH FL 32968 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Wally Gagal*

Date

Daytime Phone #

6-29-00

561-234-97

CR2E037 (999)