

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90038 034 ****61.25

DOCUMENT # N94000005193					
1. Entity Name STONEBRIDGE HOMEOWNERS' ASSOCIATION OF INDIAN RIVER COUNTY, INC.					
Principal Place of Business KEYSTONE PROPERTY MGMT GROUP, INC VERO BEACH, FL 32960 US			Mailing Address % VILLAGE PROPERTIES P.O. BOX 651296 VERO BEACH, FL 32965 LIS		
2. Principal Place of Business Keystone Property Mgmt Group Inc Suite, Apt. #, etc. 1717 20th St. # 102		3. Mailing Address SAME		03152004 Chg-NP CR2E037 (10/03)	
City & State VERO BEACH, FL		City & State		4. FEI Number 59-3281713	
Zip 32960		Country INDIAN RIVER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, WILLIAM F. <u>WILLIAM F.</u> 1717 20TH ST. 102 VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> PRESIDENT 3/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD NAME BROWN, GREGORY T STREET ADDRESS 5180 3RD MANOR CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete		TITLE PD NAME MISHEA, EDWARD STREET ADDRESS 5180 3RD MANOR CITY-ST-ZIP VERO BEACH, FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME WHIGHAM, DANIEL STREET ADDRESS 5450 3RD MANOR CITY-ST-ZIP VERO BEACH, FL 32968	<input type="checkbox"/> Delete		TITLE TD NAME WHIGHAM, DANIEL STREET ADDRESS 5450 3RD MANOR CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME COVENREY, FRED STREET ADDRESS 370 53RD CIRCLE CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete		TITLE VD NAME DANIELS, BRADLEY STREET ADDRESS 281 53RD CIRCLE CITY-ST-ZIP VERO BEACH, FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME SIDLES, ALAN STREET ADDRESS 5080 3RD MANOR CITY-ST-ZIP VERO BEACH, FL 32968	<input type="checkbox"/> Delete		TITLE SD NAME SIDLES, ALAN STREET ADDRESS 5080 3RD MANOR CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME WOOD, ANTHONY M STREET ADDRESS 270 53RD CIRCLE CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete		TITLE VD NAME WARNICK, WILLIAM STREET ADDRESS 5020 3RD LANE CITY-ST-ZIP VERO BEACH, FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <u>Edward Mishea</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/24/04 <small>Date Daytime Phone #</small>		