

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005193

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** STONEBRIDGE HOMEOWNERS' ASSOCIATION OF INDIAN RIVER COUNTY, INC.

**Current Principal Place of Business:**

KEYSTONE PROPERTY MGMT GROUP, INC  
2001 9TH AVE #308  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

KEYSTONE PROPERTY MGMT GROUP, INC  
2001 9TH AVE #308  
VERO BEACH, FL 32960 US

**New Mailing Address:**

**FEI Number:** 59-3281713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, WILLIAM F  
2001 9TH AVE #308  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STOCKMAN, DORIS  
Address: 295 53RD CIRCLE  
City-St-Zip: VERO BEACH, FL 32968

Title: VPD ( ) Delete  
Name: MCSHEA, EDWARD  
Address: 5180 3RD MANOR  
City-St-Zip: VERO BEACH, FL 32968

Title: SD ( ) Delete  
Name: CLARK, MARY  
Address: 366 53RD CIRCLE  
City-St-Zip: VERO BEACH, FL 32968

Title: D ( ) Delete  
Name: FISCHER, FELIX  
Address: 305 53RD CIRCLE  
City-St-Zip: VERO BEACH, FL 32968

Title: TD ( ) Delete  
Name: ERGERMIER, PAUL  
Address: 290 53RD CIRCLE  
City-St-Zip: VERO BEACH, FL 32968

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: O'MALLEY, SEAN  
Address: 5180 3RD MANOR  
City-St-Zip: VERO BEACH, FL 32968

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: FISCHER, FELIX  
Address: 305 53RD CIRCLE  
City-St-Zip: VERO BEACH, FL 32968

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS STOCKMAN

PD

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date