

04-28-2003 91838 015 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

70050986

DOCUMENT # **N940000593**
 1. Entity Name
STONEBRIDGE Homeowner's Association of
INDIAN RIVER COUNTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Keystone Property Management Group, Inc.
 Suite, Apt. #, etc.
1717 20th St. SUITE #102

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VERO BEACH, FL.

4. FEI Number
59-3281713
 Applied For
 Not Applicable

Zip
32960
 Country
INDIAN RIVER

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
William F. Miller
 Street Address (P.O. Box Number is Not Acceptable)
Keystone Property Management Group, Inc
1717 20th St. #102
 City
VERO BEACH, FL. Zip Code
FL 32960

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  **William F. Miller** **4/25/03**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MISNER, EDWARD 5180 3RD MANOR VERO BEACH, FL. 32968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHIGHAM, DANIEL 5450 3RD MANOR VERO BEACH, FL 32968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COVENTRY, FRED 370 53RD CIRCLE VERO BEACH, FL 32968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIBLES, ALAN 5080 3RD MANOR VERO BEACH, FL 32968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COMPTON, GUSTI 270 53RD CIRCLE VERO BEACH, FL 32968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Edward Misner** **4/25/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)