FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:14

DOCUMENT # N30333 (1)

1. Corporation Name
STURBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% FLORIDA MANAGEMENT SERVICES 431 CENTRAL BLVD SUITE 220 ORLANDO FL 32802	C/O FLORIDA MANAGEMENT SERVICES PO BOX 73 ORALNDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 43-1245518 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAILEY, NEIL, J
C/O FLORIDA MANAGEMENT SERVICES
431 E. CENTRAL BLVD., STE 220
ORLANDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	DVP	☑ Change ☐ Addition
NAME	BEAMAN, TIM	1.2 NAME		
STREET ADDRESS	11168 CYPRESS LEAF DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825	1.4 CITY-ST-ZIP		
TITLE	~~VPD~~	2.1 TITLE	DP	☑ Change ☐ Addition
NAME	JOHNSON, ANTHONY	2.2 NAME		
STREET ADDRESS	11180 CYPRESS LEAF DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825	2.4 CITY-ST-ZIP		
TITLE	~~SD~~	3.1 TITLE	D	☐ Change ☐ Addition
NAME	DEVORE, DAVID	3.2 NAME		
STREET ADDRESS	11132 CYPRESS LEAF DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	BEAGEAL, QUENTIN	4.2 NAME		
STREET ADDRESS	11128 CYPRESS LEAF DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	COMEC	☐ Change ☐ Addition
NAME	COMEN, MARK	5.2 NAME		
STREET ADDRESS	11232 CYPRESS LEAF DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825	5.4 CITY-ST-ZIP		
TITLE	~~D~~	6.1 TITLE	SD	☐ Change ☐ Addition
NAME	CURRY, TYLER	6.2 NAME		
STREET ADDRESS	1224 GOLDEN CLUB CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825	6.4 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)(i), 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: _____ 1-25-95 380-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004076