FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

Principal Place of Business 2180 WEST SR 434. SUITE 5000

LONGWOOD FL 32779-5044

N9600002034 (4)

STONEBRIDGE LANDINGS I HOMEOWNERS' ASSOCIATION, INC.

Mailing Address	
2180 WEST SR 434. SUITE 5000 LONGWOOD FL 32779-5044	3.

FILED May 05 1998 8:00am Secretary of State

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Applied For

Not Applicable

Date Incorporated or Qualified

04/11/1996

65-0683436

2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional			
21		26			Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State City & State				7. Is this nonprofit corporation a homeowners association?				
23 28			XX Yes No					
Zip Country		 	Zip Country		8. This corporation owes or has paid the current year Intangible			
24 25 29			30		Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
1						-		
HART, JAMES W JR.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
SENTRY MANAGEMENT, INC.			83					
2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044			63					
			84	City		FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-parced 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 617.0503, Florida Statutes.								
SIGNATURE Signeture, typed or printed name of registered speni and this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	T P	D	Change X Addition		
NAME	VASSILAROS, ELIAS	7	1.2 NAME	[W.	ALTERS, LINDA			
STREET ADDRESS	701 BRICKELL AVENUE STE 1	400	1.3 STREET	ADDRESS 7	662 FORT SUMTER DR			
CITY-ST-ZW	MIAMI FL 33131-2822		1.4 CITY-5		RLANDO FL 32822			
TYTLE	&D	DELETE	2.1 TITLE		D	Change X Addition		
NAME	STOSIK, VICTOR L	•	2.2 NAME	W	HITE, TRACY			
STREET ADDRESS				ADDRESS 7	706 FORT SUMTER DR			
CITY-ST-ZIP	MIAMI FL 33131-2822		2.4 CITY-	st-zip Ol	RLANDO FL 32822			
TITLE	VTD	DELETE	3.1 TITLE	D)	Change X Addition		
NAME	ROGERS, CHARLES F	• • • • • • • • • • • • • • • • • • • •	3.2 NAME	D	IBIASIO, JOSEPH J			
STREET ADDRESS	701 BRICKELL AVENUE STE 1	400	3.3 STREET	ADDRESS 7	543 FORT WILLIAM CT			
CITY-ST-ZIP	MIAMI FL 33131-2822		3.4. CITY-	ST-ZIP 0	RLANDO FL 32822			
TITLE		☐ DELETE	4,1 TITLE	T	D .	☐ Change ☐ Addition		
HAME			4. 2 NAME	S	ABIN, GLENN			
STREET ADDRESS			4.3 STREET	ADDRESS 7	766 FORT SUMTER DR			
CITY-ST-ZIP			4.4 CITY - 5	T-ZIP 0	RLANDO FL 32822			
TITLE		DELETE	5.1 TITLE	, D		Change X Addition		
NAME			5.2 NAME	F(ONSECA, OSVALDO			
STREET ADDRESS			5.3 STREET		656 FORT SUMTER DR			
CITY-ST-ZIP			5.4 CITY-	T-ZIP 0	RLANDO FL 32822			
TITLE		DELETE	6.1 TITLE			Change Addition		
NAME			6.2 NAME					
STREET ADORESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - 9					
14. I hereby o	ertify that the information supplied wit		or the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I fur	ther 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.

LINDA WAITERS

SIGNATURE

LINDA WALTERS

2E037 (10/97)