


FILE NOW: FILING FEE IS \$61.25

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90014 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002034					
1. Corporation Name STONEBRIDGE LANDINGS I HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044			Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044		



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/11/1996	
4. FEI Number 65-0683436		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		9. Name and Address of Current Registered Agent HART, JAMES W JR. SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044	
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTERS, LINDA	1.2 NAME	AUTEN, DARLA
STREET ADDRESS	7662 FT SUMTER DR	1.3 STREET ADDRESS	7735 FORT SUMTER DR
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, TRACY	2.2 NAME	GORETSKY, IRINA
STREET ADDRESS	7706 FT SUMTER DR	2.3 STREET ADDRESS	7754 FT MCHENRY CT
CITY-ST-ZIP	ORLANDO FL 32822	2.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIBIASIO, JOSEPH J	3.2 NAME	COLON-RIVERA, VIVIAN
STREET ADDRESS	7543 FT WILLIAM CT	3.3 STREET ADDRESS	7755 FT MCHENRY CT
CITY-ST-ZIP	ORLANDO FL 32822	3.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABIN, GLENN	4.2 NAME	ALZATE, DAISY
STREET ADDRESS	7766 FT SUMTER DR	4.3 STREET ADDRESS	7772 FORT SUMTER DR
CITY-ST-ZIP	ORLANDO FL 32822	4.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONSECA, OSVALDO	5.2 NAME	
STREET ADDRESS	7656 FT SUMTER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (1/98)