

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90123 029 \*\*\*\*61.25

DOCUMENT # N30333

RECEIVED  
FEB 14 2000  
ATTWOOD - PHILLIPS,

1. Entity Name

STURBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ANGELIA GORDON PROP MGMT. INC  
4030 DIJON DRIVE  
ORLANDO FL 32808  
US

ANGELIA GORDON PROP MGMT. INC  
4939 DIJON DRIVE  
ORLANDO FL 32808  
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Attwood-Phillips, Inc  
Suite, Apt. #, etc.  
550 Orange Ave, Ste 100

1350 Orange Avenue  
Suite, Apt. #, etc.  
100

City & State  
Winter Park, FL

City & State  
Winter Park FL

4. FEI Number  
43-1245518

Applied For  
Not Applicable

Zip  
32789

Country  
USA

Zip  
32789

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGELIA GORDON PROP MGMT INC  
4030 DIJON DRIVE  
ORLANDO FL 32808

Name  
Attwood-Phillips, Inc  
Street Address (P.O. Box Number is Not Acceptable)  
1350 Orange Avenue, Suite 100  
City  
Winter Park FL Zip Code  
32789

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 Roger V. Phillips [Signature] 1/28/00  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	DE MARCO, EVETTE	
STREET ADDRESS	1337 SILVERTHORN DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, JOSE	
STREET ADDRESS	11267 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUFOR, JOHN	
STREET ADDRESS	1336 SILVERTHORN DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OLIVER, MARIO	
STREET ADDRESS	11318 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JEAN-ETIENNE, RONALD	
STREET ADDRESS	11106 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOVER, DAVID	
STREET ADDRESS	11192 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Roper	
STREET ADDRESS	1401 Silverthorn Drive	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] John C DuFour 2/2/00 (407)629-2424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)