

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N30333**

1. Entity Name

**STURBRIDGE HOMEOWNERS ASSOCIATION, INC.****FILED****Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90098 012 \*\*\*\*61.25

Principal Place of Business

**ATTWOOD-PHILLIPS INC**  
**1350 ORANGE AVE STE 100**  
**WINTER PARK FL 32789**  
**US**

Mailing Address

**1350 ORANGE AVE**  
**STE 100**  
**WINTER PARK FL 32789**  
**US**

2. Principal Place of Business

3. Mailing Address

**PO Box 1208**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Winter Park FL**

Zip

Country

Zip

Country

**32790 USA**

4. FEI Number

**43-1245518**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ATTWOOD-PHILLIPS INC**  
**1350 ORANGE AVE**  
**STE 100**  
**WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DE MARCO, EVETTE</b> <b>1337 SILVERTHORN DR</b> <b>ORLANDO FL 32825</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROPER, CINDY</b> <b>1401 SILVERTHORN DRIVE</b> <b>ORLANDO FL 32825</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DUFOUR, JOHN</b> <b>1336 SILVERHORN DR</b> <b>ORLANDO FL 32825</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>JEAN-ETIENNE, RONALD</b> <b>11106 CYPRESS LEAF DR</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOVER, DAVID</b> <b>11192 CYPRESS LEAF DR</b> <b>ORLANDO FL 32825</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Peter Messina</b> <b>1408 Silverthorn Dr</b> <b>Orlando FL 32825</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**JOHN DUFOUR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/17/01**

Date

Daytime Phone #

CR2E037 (10/00)