

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90028 026 ****61.25

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1. Entity Name

STURBRIDGE OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

1050 S LAKE SYBELIA DR
MAITLAND FL 32751

Mailing Address

1050 S LAKE SYBELIA DR
MAITLAND FL 32751

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-2052457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

CRONE, MARK A
1050 S LAKE SYBELIA DR
MAITLAND FL 32751

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CRONE, MARK A
STREET ADDRESS 1050 S LAKE SYBELIA DR
CITY-ST-ZIP MAITLAND FL 32751

TITLE STD ☒ Delete
NAME CRONE, LORA N
STREET ADDRESS 1050 S LAKE SYBELIA DR
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☒ Delete
NAME QUALLS, RICK
STREET ADDRESS 717-1 GLADWIN AVE
CITY-ST-ZIP CASSELBERRY FL 32730

TITLE D ☒ Delete
NAME MEYERS, CHRIS
STREET ADDRESS 717-2 GLADWIN AVE
CITY-ST-ZIP CASSELBERRY FL 32730

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition
NAME WILLIAM LEATHERS
STREET ADDRESS 2102 STURBRIDGE OAKS CT
CITY-ST-ZIP Winter Springs FL 32751

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME MARK CRONE
STREET ADDRESS 1050 S. Lake Sybelia Dr
CITY-ST-ZIP Maitland FL 32751

TITLE TREASURER ☐ Change ☒ Addition
NAME NANCY FROMAN
STREET ADDRESS 1431 Bird Rd
CITY-ST-ZIP Winter Springs FL 32708

TITLE SECRETARY ☐ Change ☒ Addition
NAME JOHN WILLIAMS
STREET ADDRESS 1208 Wellington Ter
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Chris Crone President (now VP)

3/15/04

407-539-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #