

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90019 021 ****61.25

DOCUMENT # N30333

1. Entity Name
STURBRIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
ATTWOOD-PHILLIPS INC
1350 ORANGE AVE STE 100
WINTER PARK, FL 32789 US

Mailing Address
1350 ORANGE AVE
SUITE 100
WINTER PARK, FL 32789 US

40018851



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01262005 Chg-NP CR2E037 (10/03)

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 **Greystone Management Co**
 Street Address (P.O. Box Number is Not Acceptable)
1950 LEE ROAD SUITE 212
Winter Park FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

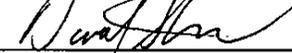
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JEAN-ETIENNE, RONALD	
STREET ADDRESS	11106 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STOVER, DAVID	
STREET ADDRESS	11192 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAMSON, MIKE	
STREET ADDRESS	11220 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input 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		<input 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:  **2/14/05 407 645 4945**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #