

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)

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

7. Name and Address of New Registered Agent

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

Name **Greystone Management Co**

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

1950 LEE ROAD SUITE 212

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **JEAN-ETIENNE, RONALD**
STREET ADDRESS **11106 CYPRESS LEAF DR**
CITY-ST-ZIP **ORLANDO, FL**

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

TITLE **PD** ☐ Delete
NAME **STOVER, DAVID**
STREET ADDRESS **11192 CYPRESS LEAF DR**
CITY-ST-ZIP **ORLANDO, FL 32825**

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

TITLE **STD** ☐ Delete
NAME **WILLIAMSON, MIKE**
STREET ADDRESS **11220 CYPRESS LEAF DR**
CITY-ST-ZIP **ORLANDO, FL 32825**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05

Date

407 645-4945

Daytime Phone #