


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90012 015 \*\*\*\*70.00

<b>DOCUMENT # N02000004611</b>	
1. Entity Name <b>STURBRIDGE OAKS COMMUNITY ASSOCIATION, INC.</b>	

Principal Place of Business <b>1050 S LAKE SYBELIA DR MAITLAND, FL 32751</b>	Mailing Address <b>1050 S LAKE SYBELIA DR MAITLAND, FL 32751</b>
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2. Principal Place of Business <b>2102 Sturbridge Oaks Ct.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2102 Sturbridge Oaks Ct.</b> Suite, Apt. #, etc.
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City & State <b>Winter Springs FL</b>	City & State <b>Winter Springs, FL</b>
Zip <b>32708</b>	Country <b>USA</b>



02012005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent <b>CRONE, MARK A 1050 S LAKE SYBELIA DR MAITLAND, FL 32751</b>	
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4. FEI Number <b>41-2052457</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name <b>William Leathers</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2102 Sturbridge Oaks Ct.</b>	
City <b>Winter Springs</b>	Zip Code <b>FL 32708</b>

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 <b>William Leathers, President</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>3/11/05</b> <small>(NOTE: Registered Agent signature required when resigning)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEATHERS, WILLIAM 2102 STURBRIDGE OAKS CT. WINTER SPRINGS, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CRONE, MARK 1050 S LAKE SYBELIA DR MAITLAND, FL 32751</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FROMAN, NANCY 1431 BIRD RD. WINTER SPRINGS, FL 32708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WILLIAMS, JOHN 1208 WELLINGTON TERR. MAITLAND, FL 32751</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <b>William Leathers</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>3/11/05</b> DAYTIME PHONE # <b>407-695-1110</b>