


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90007 038 ****61.25

DOCUMENT # N30333	
1. Entity Name STURBRIDGE HOMEOWNERS ASSOCIATION, INC.	

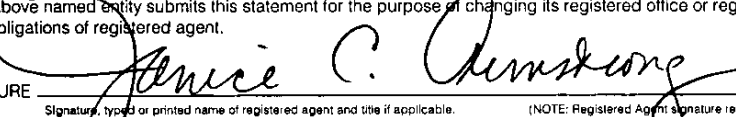
Principal Place of Business GREYSTONE MANAGEMENT 1950 LEE RD STE 212 WINTER PARK, FL 32789 US	Mailing Address GREYSTONE MANAGEMENT 1950 LEE RD STE 212 WINTER PARK, FL 32789 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1936 Lee Rd	
Suite, Apt. #, etc. 1936 Lee Rd suite 250		Suite, Apt. #, etc. Suite 250	
City & State Winter Park FL		City & State Winter Park FL	
Zip 32789	Country USA	Zip 32789	Country USA



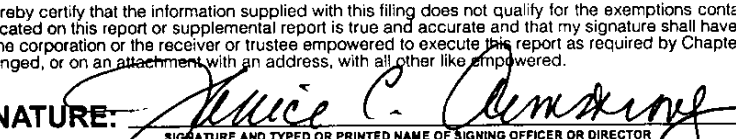
07122007 Chg-NP CR2E037 (12/06)

4. FEI Number 43-1245518		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GREYSTONE MANAGEMENT CO 1950 LEE ROAD SUITE 212 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) 1936 Lee Rd Suite 250 City 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 7/23/07

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-ETIENNE, RONALD 11106 CYPRESS LEAF DR ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kim Takach 1441 Pon Pon Court Orlando, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOVER, DAVID 11192 CYPRESS LEAF DR ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gary Lloyd 1125 Hackberry dr Orlando, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMSON, MIKE 11220 CYPRESS LEAF DR ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Diaz 11001 cypress leaf dr Orlando, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGOS, VIRGINIA 1131 CYPRESS LEAF DR ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Virginia Burgos 1131 cypress leaf dr Orlando, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, DIANA 1437 PON PON CT ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Diana Cruz 1437 Pon Pon Ct Orlando FL 32825 <input checked="" 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 exemptions contained in Chapter 119, 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	DATE 7/23/07 Date Daytime Phone #