

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000004611

1. Entity Name
STURBRIDGE OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**2102 STURBRIDGE OAKS CT
WINTER SPRINGS, FL 32708**

Mailing Address
**2102 STURBRIDGE OAKS CT
WINTER SPRINGS, FL 32708**

DO NOT WRITE IN THIS SPACE



07172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
41-2052457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEATHERS, WILLIAM
2102 STURBRIDGE OAKS CT
WINTER SPRINGS, FL 32708**

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEATHERS, WILLIAM
2102 STURBRIDGE OAKS CT.
WINTER SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FROMAN, NANCY
1431 BIRD RD.
WINTER SPRINGS, FL 32708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WILLIAMS, JOHN
1208 WELLINGTON TERR.
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000771132
08/01/07-80006-005 61.25

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IN THIS SPACE**

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