

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752640

Entity Name: STONEBRIDGE PATIO HOMEOWNER'S ASSOCIATION,
PHASEII, INC.**FILED**
Jan 13, 2013
Secretary of State
CC3651978936**Current Principal Place of Business:**PHASE II, INC.
2050 KINGS CROSSING
WINTER HAVEN, FL 33880**Current Mailing Address:**PHASE II, INC.
2050 KINGS CROSSING
WINTER HAVEN, FL 33880**FEI Number: 59-2425229****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LEDDY, SYLVIA
2039 KINGS CROSSING SW
WINTER HAVEN, FL 33880 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title P
Name TOWERY, BRENDA
Address 2031 KINGS CROSSING SW
City-State-Zip: WINTER HAVEN FL 33880Title VP
Name HARRISON, BEVERLY
Address 1750 GILBERT ST
City-State-Zip: EAGLE LAKE FL 33839Title S
Name VOLPE, JACKIE
Address 2035 KINGS CROSSING SW
City-State-Zip: WINTER HAVEN FL 33880Title T
Name LEDDY, SYLVIA
Address 2039 KINGS CROSSING SW
City-State-Zip: WINTER HAVEN FL 33880Title D
Name GRAUER, TARA
Address 2034 KINGS XING SW
City-State-Zip: WINTER HAVEN FL 33880Title D
Name GOLON, KENNY
Address 2033 KINGS XING SW
City-State-Zip: WINTER HAVEN FL 33880

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SYLVIA M. LEDDY**TREASURER****01/13/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date