

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05000007117

**Entity Name:** STOCKTON VILLAGE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jul 28, 2022**  
**Secretary of State**  
**3747386055CC**

**Current Principal Place of Business:**

C/O CAMPBELL PROPERTY MANAGEMENT  
401 MAPLEWOOD DR SUITE 23  
JUPITER, FL 33458

**Current Mailing Address:**

C/O CAMPBELL PROPERTY MANAGEMENT  
401 MAPLEWOOD DR SUITE 23  
JUPITER, FL 33458 US

**FEI Number: 20-5987648**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
1 EAST BROWARD BLVD  
SUITE 1800  
FT LAUDERDALE, FL 33301 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:** LANCE D. CLOUSE, ESQ.

07/28/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name NOLAN, THOMAS  
Address C/O CAMPBELL PROPERTY  
MANAGEMENT  
401 MAPLEWOOD DR SUITE 23  
City-State-Zip: JUPITER FL 33458

Title TREASURER  
Name SINCLAIR, EUNEDA  
Address C/O CAMPBELL PROPERTY  
MANAGEMENT  
401 MAPLEWOOD DR SUITE 23  
City-State-Zip: JUPITER FL 33458

Title VP  
Name DESMANGLES, NATALIE  
Address C/O CAMPBELL PROPERTY  
MANAGEMENT  
401 MAPLEWOOD DR SUITE 23  
City-State-Zip: JUPITER FL 33458

Title PRESIDENT  
Name HSU, JASON  
Address C/O CAMPBELL PROPERTY  
MANAGEMENT  
401 MAPLEWOOD DR SUITE 23  
City-State-Zip: JUPITER FL 33458

*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:** JASON HSU

**PRESIDENT**

07/28/2022

Electronic Signature of Signing Officer/Director Detail

Date