

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N94000005193

**Entity Name:** STONEBRIDGE HOMEOWNERS' ASSOCIATION OF INDIAN RIVER COUNTY, INC.

**Current Principal Place of Business:**

C/O KEYSTONE PROPERTY MGMT GROUP  
780 US HIGHWAY 1 SUITE 300  
VERO BCH, FL 32962

**Current Mailing Address:**

C/O KEYSTONE PROPERTY MGMT GROUP  
780 US HIGHWAY 1 SUITE 300  
VERO BCH, FL 32962 US

**FEI Number:** 59-3281713

**Certificate of Status Desired:** No

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

LEE, WILLIAM C  
C/O KEYSTONE PROPERTY MGMT GROUP  
780 US HIGHWAY 1 SUITE 300  
VERO BCH, FL 32962 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:** WILLIAM C LEE

03/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name           SYLVESTER, DAVID  
Address        C/O KEYSTONE PROPERTY MGMT GROUP  
                  780 US HIGHWAY 1 SUITE 300  
City-State-Zip: VERO BCH FL 32962

Title            DIRECTOR  
Name           BROWN, GREG  
Address        C/O KEYSTONE PROPERTY MGMT GROUP  
                  780 US HIGHWAY 1 SUITE 300  
City-State-Zip: VERO BCH FL 32962

Title            PRESIDENT  
Name           ROSIER, SUSAN  
Address        C/O KEYSTONE PROPERTY MGMT GROUP  
                  780 US HIGHWAY 1 SUITE 300  
City-State-Zip: VERO BCH FL 32962

Title            SECRETARY  
Name           BONE, DAVID  
Address        C/O KEYSTONE PROPERTY MGMT GROUP  
                  780 US HIGHWAY 1 SUITE 300  
City-State-Zip: VERO BCH FL 32962

Title            VP  
Name           ZURA, WILLIAM  
Address        C/O KEYSTONE PROPERTY MGMT GROUP  
                  780 US HIGHWAY 1 SUITE 300  
City-State-Zip: VERO BCH FL 32962

*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:** SUSAN ROSIER

PRESIDENT

03/07/2024

