FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750034 (1)

1. Corporation Name

STONEBRIDGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2151 ABBEY RD. WINTER HAVEN FL 33880-9899 US	2151 ABBEY RD. WINTER HAVEN FL 33880-9899 US

3. Date Incorporated or Qualified: 12/04/1979

3a. Date of Last Report: 03/20/1995

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 2899	26 P.O. BOX 2899
Suite, Apt. #, etc. 22 WINTER HAVEN, FL	Suite, Apt. #, etc. 27 WINTER HAVEN, FL
City & State 23	City & State 28
Zip 24 33883 / Country 25 POLK	Zip 29 33883 / Country 30 POLK

4. FEI Number: 55-0113786 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHAFIN, NANCY 2151 ABBEY RD. WINTER HAVEN FL 33880	81 Name: CALVIN, LARRY 82 Street Address (P.O. Box Number is Not Acceptable): 1825 NOTTINGHAM S.W. 83 84 City: WINTER HAVEN, FL 85 Zip Code: 33880

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Larry L Calvin — 4-25-96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WRIGHT, RONALD 1813 NOTTINGHAM S.W. WINTER HAVEN FL 33880	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT CALVIN, LARRY 1825 NOTTINGHAM S.W. WINTER HAVEN, FL 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CALVIN, LARRY 1825 NOTTINGHAM S.W. WINTER HAVEN FL 33880	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.PRES/DIRECTOR WRIGHT, RONALD 1813 NOTTINGHAM S.W. 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHAFIN, NANCY 2151 ABBEY RD. WINTER HAVEN FL 33880	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY,/DIRECTOR BOESCH, KATE 1933 BISHOPS GATE S.W. WINTER HAVEN, FL 33880	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TURNER, GERALDINE 1836 NOTTINGHAM S.W. WINTER HAVEN FL 33880	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR TURNER, GERALDINE 1836 NOTTINGHAM S.W. WINTER HAVEN, FL 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, JOHN 1906 QUEENS TERRACE WINTER HAVEN FL 33880	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TREASURER/DIRECTOR MORRISS, JOHN 1906 QUEENS TERR. S.W. WINTER HAVEN, FL 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYNES, TERRY 1902 QUEEN'S TERRACE SW WINTER HAVEN FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR ERIC BULL 2039 KINGS CROSSING S.W. WINTER HAVEN, FL 33880	☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

LARRY L CALVIN

SIGNATURE: Larry L Calvin — 4/25/96 — 941-299-8326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)