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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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
P.O. BOX 2899 WINTER HAVEN FL 33883 US	P.O. BOX 2899 WINTER HAVEN FL 33883-2899 US

3. Date Incorporated or Qualified: 12/04/1979
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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**

CALVIN, LARRY
1825 NOTTINGHAM S.W.
WINTER HAVEN FL 33880

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CALVIN, LARRY		1.2 NAME		
STREET ADDRESS	1825 NOTTINGHAM S.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	WRIGHT, RONALD		2.2 NAME	Eric Bull	
STREET ADDRESS	1813 NOTTINGHAM S.W.		2.3 STREET ADDRESS	2039 King's Crossing	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	Winter Haven, Fl 33880	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	BOESCH, KATE		3.2 NAME	Connie Sidwell	
STREET ADDRESS	1933 BISHOPS GATE S.W.		3.3 STREET ADDRESS	2905 Queen's Terrace SW	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	Winter Haven, Fl 33880	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, GERALDINE		4.2 NAME		
STREET ADDRESS	1836 NOTTINGHAM S.W.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, JOHN		5.2 NAME		
STREET ADDRESS	1906 QUEENS TERRACE S.W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	VPD	☑ Change ☐ Addition
NAME	HAYNES, TERRY		6.2 NAME	Terry Haynes	
STREET ADDRESS	1902 QUEEN'S TERRACE SW		6.3 STREET ADDRESS	1902 Queen's Terr SW	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	Winter Haven, Fl 33880	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [signature] MAGUIRE 4/25/97 (941) 299-8428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054776

CR2E037 (9/96)