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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **750034**

1. Corporation Name
STONEBRIDGE HOMEOWNER'S ASSOCIATION, INC.

360757 - 90128 - 26

Principal Place of Business	Mailing Address
P.O. BOX 2899 WINTER HAVEN FL 33883 US	P.O. BOX 2899 WINTER HAVEN FL 33883 US

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 12/04/1979
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 55-0113786 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	SIDWELL, CONNIE		1.2 NAME	allen Phelps	
STREET ADDRESS	1905 QUEENS TERR SW		1.3 STREET ADDRESS	1981 Stonebridge Dr, SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880		1.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	BULL, ERIC	card	2.2 NAME	Chris Johnson	
STREET ADDRESS	2039 KING'S CROSSING		2.3 STREET ADDRESS	1935 Bishops Gate SW	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	☒ DELETE	3.1 TITLE	Treasure	☐ Change ☒ Addition
NAME	TURNER, GERALDINE		3.2 NAME	Chris Burhans	
STREET ADDRESS	1836 NOTTINGHAM S.W.		3.3 STREET ADDRESS	2105 Kings Crossing	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	TD	☒ DELETE	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	MORRISS, JOHN		4.2 NAME	Patrica Horning	
STREET ADDRESS	1906 QUEENS TERRACE S.W.		4.3 STREET ADDRESS	2159 Abbey Road	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	VPD	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	HAYNES, TERRY		5.2 NAME	MARSOI	
STREET ADDRESS	1902 QUEEN'S TERRACE SW		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Sidwell, Connie		6.2 NAME		
STREET ADDRESS	1905 Queens Ter SW		6.3 STREET ADDRESS		
CITY-ST-ZIP	Winter Haven FL 33880		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Connie Sidwell REQUIRED Connie Sidwell 4/13/99 941-299-36
Date Daytime Phone #

CR2E037 (11/98)