

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750034

1. Entity Name

STONEBRIDGE HOMEOWNER'S ASSOCIATION, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90031 021 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

55-0113786

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

ALLEN PHELPS

Street Address (P.O. Box Number is Not Acceptable)

1981 STONEBRIDGE DR. SW

City

WINTER HAVEN FL

Zip Code

33880

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PHELPS, ALLEN	
STREET ADDRESS	1981 STONEBRIDGE DR SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULL, ERIC	
STREET ADDRESS	2039 KING'S CROSSING	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, CHRIS	
STREET ADDRESS	1935 BISHOPS GATE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BURHANS, CHRIS	
STREET ADDRESS	2105 KINGS CROSSING	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	S	<input type="checkbox"/> Delete
NAME	HORNING, PATRICIA	
STREET ADDRESS	2159 ABBEY RD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIDWELL, CONNIE	
STREET ADDRESS	1905 QUEENS TERR SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID DEWITT	
STREET ADDRESS	1984 STONEBRIDGE DR. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS HOLDSWORTH	
STREET ADDRESS	1902 QUEEN TER. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS BURHANS	
STREET ADDRESS	2105 KINGS CROSSING	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of David Dewitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

Daytime Phone #

CR2E037 (9/99)