

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90033 046 \*\*\*\*61.25

**DOCUMENT # 750034**

1. Entity Name

STONEBRIDGE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 2899  
WINTER HAVEN FL 33883  
US

Mailing Address

P.O. BOX 2899  
WINTER HAVEN FL 33883  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0113786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOHNSTEDT, PAUL  
1982 STONEBRIDGE DRIVE SW  
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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**

**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BOHNSTEDT, PAULA	
STREET ADDRESS	1982 STONEBRIDGE DRIVE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADAMS, DEBBIE	
STREET ADDRESS	1974 CAMELOT COURT SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOEL, HOLLY	
STREET ADDRESS	1981 STONEBRIDGE DRIVE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	<input type="checkbox"/> Delete
NAME	OWENS, PAT	
STREET ADDRESS	1977 CAMELOT CT SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, MAGGIY	
STREET ADDRESS	1980 STONEBRIDGE DRIVE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUARD, MIKE	
STREET ADDRESS	1985 STONEBRIDGE DR. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Holly Noel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04

Date

863 299-3685

Daytime Phone #