

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90221 001 \*\*\*\*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

7. Name and Address of New Registered Agent

BOHNSTEDT, PAUL  
1982 STONEBRIDGE DRIVE SW  
WINTER HAVEN FL 33880

Name AMANDA MILLER

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

1981 STONEBRIDGE DR. SW

WINTER HAVEN

City

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. 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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ~~Delete~~  
NAME BOHNSTEDT, PAULA  
STREET ADDRESS 1982 STONEBRIDGE DRIVE SW  
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE P ☒ Change ☐ Addition  
NAME AMANDA MILLER  
STREET ADDRESS 1981 STONEBRIDGE DR SW  
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE V ~~Delete~~  
NAME ADAMS, DEBBIE  
STREET ADDRESS 1974 CAMELOT COURT SW  
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE V ☒ Change ☐ Addition  
NAME VACANT  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE S ☐ Delete  
NAME NOEL, HOLLY  
STREET ADDRESS 1981 STONEBRIDGE DRIVE SW  
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE S ☒ Change ☐ Addition  
NAME MAGGIY WILLIAMS  
STREET ADDRESS 1980 STONEBRIDGE DR SW  
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE T ☐ Delete  
NAME OWENS, PAT  
STREET ADDRESS 1977 CAMELOT CT SW  
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE T ☒ Change ☐ Addition  
NAME VACANT  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ~~Delete~~  
NAME WILLIAMS, MAGGIY  
STREET ADDRESS 1980 STONEBRIDGE DRIVE SW  
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE D ☒ Change ☐ Addition  
NAME PAULA BOHNSTEDT  
STREET ADDRESS 1982 STONEBRIDGE DR SW  
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE D ☐ Delete  
NAME GUARD, MIKE  
STREET ADDRESS 1985 STONEBRIDGE DR. SW  
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE D ☒ Change ☐ Addition  
NAME MIKE GUARD  
STREET ADDRESS 1985 STONEBRIDGE DR SW  
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Holly Noel HOLLY NOEL 4-24-05 863-299-3685