

2006-NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

9/14/2006-90002-006-\$61.25-\$61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/05) 06

DOCUMENT # 750034 1. Entity Name STONEBRIDGE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 1981 Stonebridge Dr. SW Winter Haven, FL 33880-2751		Mailing Address P.O. BOX 2899 WINTER HAVEN FL 33883 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0113786	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, AMANDA 1981 STONEBRIDGE DRIVE SW WINTER HAVEN FL 33880			7. Name and Address of New Registered Agent Name: GUENN G. BLACKBURN 2046 KINGS CROSSING 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. I am familiar with, and accept the oblig.					
SIGNATURE: <i>Glenn G. Blackburn</i> Glenn G. Blackburn 8/23/06 (NOTE: Registered Agent Signature required when completing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY- ST- ZIP	P MILLER, AMANDA 1981 STONEBRIDGE DR SW WINTER HAVEN FL 33880	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BOHNSTEDT, PAULA 1982 STONEBRIDGE DR SW WINTER HAVEN, FL 33880	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S WILLIAMS, MAGGLY 1980 STONEBRIDGE DR SW WINTER HAVEN FL 33880	☐ Delete	TITLE TREAS. NAME STREET ADDRESS CITY- ST- ZIP	NOEL, HOLLY 1981 STONEBRIDGE DR SW WINTER HAVEN, FL 33880	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BOHNSTEDT, PAULA 1982 STONEBRIDGE DR SW WINTER HAVEN FL 33880	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Brenda Towley 2031 Kings Xing SW Winter Haven, FL 33880	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GUARD, MIKE 1985 STONEBRIDGE DR. SW WINTER HAVEN FL 33880	☒ Delete	TITLE PRES NAME STREET ADDRESS CITY- ST- ZIP	GLENN G. BLACKBURN 2046 KINGS CROSSING WINTER HAVEN FL 33880	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Holly Noel</i> HOLLY NOEL 10-10-06 863 299-3685 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					