2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#750034

FILED Aug 01, 2012 Secretary of State

Entity Name: STONEBRIDGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1981 STONEBRIDGE DR SW 2046 KINGS CROSSING

WINTER HAVEN, FL 338802751 US WINTER HAVEN, FL 338802751 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2899 P.O. BOX 2899

WINTER HAVEN, FL 33883 WINTER HAVEN, FL 338832899 US

FEI Number: 55-0113786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLACKBURN, GLENN G BOOTH, WENDY K 2046 KINGS CROSSING 2046 KINGS CROSSING

WINTER HAVEN, FL 33880 US WINTER HAVEN, FL 338802715 US

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: WENDY K. BLACKBURN BOOTH 08/01/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: BOOTH, WENDY Address: 2046 KINGS CROSSING

City-St-Zip: WINTER HAVEN, FL 338802715 US

Title: S

Name: JOHNSON, LAURA Address: 1975 CAMELOT CT SW

City-St-Zip: WINTER HAVEN, FL 338802715 US

Title: T

Name: OWENS, PAT

Address: 1977 CAMELOT CT SW

City-St-Zip: WINTER HAVEN, FL 338802715 US

Title: \

 Name:
 HARRISON, BEVERLY

 Address:
 1750 GILBERT ST

 City-St-Zip:
 EAGLE LAKE, FL 33839 US

City-3t-2ip. LAGEL LAKE, 1 E 33639

Title:

Name: MCCARD, ROBERTA Address: 1963 CAMELOT CT SW

City-St-Zip: WINTER HAVEN, FL 338802715 US

Title: [

Name: WILKERSON, STACI Address: 1965 CAMELOT CT SW

City-St-Zip: WINTER HAVEN, FL 338802715 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAT OWENS T 08/01/2012