2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #750035

1. Entity Name
STONEBRIDGE PATIO HOMES HOMEOWNER'S ASSOCIATION, INC.



03-19-2008 90017 011 ****61.25

Mar 19, 2008 8:00 am Secretary of State

FILED

					(69)		1						
Principal Place of Business 2124 KINGS CROSSING WINTER HAVEN, FL 33880				Mailing Address 2124 KINGS CROSSING WINTER HAVEN, FL 33880					TI SINI) R(TI N	IBH BIBN BIBN GIR	1 KTOL 21 (22)		
2. Principal Place of Business - No P.O. Box # 3. M.				ailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			02052008	Chg-NP	CR2E	37 (12/06)			
City & State			Cit	City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable						
Zip	Country			p Country			5. Certificate	of Status Desired		\$8.75 Add Fee Require	fitional		
6. Name and Address of Current Registe			Registere	ed Agent			7. Name and	Address of New F	Registered	Agent			
BAKER, STEPHEN F. 565 AVENUE K, S.E. WINTER HAVEN, FL 33880					Name Street	Name Street Address (P.O. Box Number is Not Acceptable)							
					City				FL	Zip Codi	e		
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 rematating) DATE													
Filing Fee is \$61.25 Due by May 1, 2008				Election Campaign Financing Trust Fund Contribution.			\$5.00 May Bo Added to Fees	\$5.00 May Be Make check payable to Florida Department of State			1		
10. OFFICERS AND DIRECT			RECTORS	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	DT			☐ Delete	TITLE	1				☐ Change	☐ Addition		
NAME	CARTER, THELMA			NAME									
STREET ADDRESS					STREET ADDRESS								
CITY-ST-ZIP	WINTER HAVEN, FL 33880				CITY-ST-ZIF				.,				
TITLE	SD			Delete	TITLE	1				Change	☐ Addition		
NAME	HEMINGER, HEATHER A				NAME								
STREET ADDRESS	1				STREET ADDRESS								
CITY-ST-ZIP	WINTER HAVEN, FL 33880				CITY-ST-2IF	1							
TITLE	P POLINGON MARION R			Delete	TITLE	P	EENE, MA	C		Change Change	Addition		
NAME STREET ADDRESS	JOHNSON, MARION B 2109 KINGS CROSSING				NAME STREET ADDRESS	2116	6 KINGS (CROSSING					
CITY-ST-ZIP	WINTER HAVEN, FL 33880				CITY-ST-ZIF				3880				
	VP	1844 - 14, 12 30000		1575	·	WIN	TER HAV	EN, FL 3	2000		☐ (440);		
TITLE NAME	WINKLER	SARA		Delete	TITLE NAME	OH	WAL, MIK	~ - -		∑ Change	Addition		
STREET ADDRESS					STREET ADDRESS	21	13 KING	S CROSS	146		1		
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CFTY-ST-ZIP		Total.	11770 110	VEN, FL	3388	; _^			
TITLE	D		···	☐ Delete	TITLE	¥¥.7.2	NIER III	VEN, , E	0	Change	Addition		
NAME	CARVER.	LINDA		L. Detete	NAME								
STREET ADDRESS				STREET ADDRESS									
CITY-ST-ZIP	WINTER HAVEN, FL 33880				CITY-ST-ZIP								
TITLE	D			DO DOLLAR NEW	TITLE					☐ Change	Addition		
NAME				ADDITION	NAME								
STREET ADDRESS					STREET ADDRESS								
CITY-ST-ZIP	(-ST-ZIP WINTER HAVEN, F-Z 33880 CI										į		
12. I hereby of indicated		12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 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											

indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as it 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: