

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750035

FILED
Jan 15, 2009
Secretary of State

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

Current Principal Place of Business:

2124 KINGS CROSSING
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

2124 KINGS CROSSING
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BAKER, STEPHEN F.
565 AVENUE K, S.E.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

GREENE, MAC
2116 KINGS CROSSING, S.W.
WINTER HAVEN, FL 33880 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: MAC GREENE

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: CARTER, THELMA
Address: 2115 KINGS CROSSING
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD () Delete
Name: HEMINGER, HEATHER A
Address: 2119 KINGS CROSSING
City-St-Zip: WINTER HAVEN, FL 33880

Title: P () Delete
Name: GREENE, MAC
Address: 2116 KINGS CROSSING
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: CHWAL, MIKE
Address: 2113 KINGS CROSSING
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: CARVER, LINDA
Address: 2106 KINGS CROSSING
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: CHAREST, MARGE
Address: 2110 KINGS CROSSING
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ENGLISH, POLLY
Address: 2112 KINGS CROSSING
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THELMA CARTER

DT

01/15/2009

Electronic Signature of Signing Officer or Director

Date