

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90310 030 ****61.25

DOCUMENT # 750204

1. Entity Name
**STONEBRIDGE GARDENS, SECTION TWO,
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**950 SOUTH PINE ISLAND ROAD, SUITE 150
PLANTATION, FL 33324**

Mailing Address
**950 SOUTH PINE ISLAND ROAD, SUITE 150
PLANTATION, FL 33324**

50019648



2. Principal Place of Business

3. Mailing Address

2900 NW 55th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006

Chg-NP

CR2E037 (11/05)

City & State

City & State

LAUDERHILL FL

4. FEI Number

59-2085862

Applied For

Not Applicable

Zip

Country

Zip

33313

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, GEORGE G ESQ.
950 SOUTH PINE ISLAND ROAD, SUITE 150
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**Filing 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

TITLE **SD** ☐ Delete
NAME **FABIAN, CHARLES**
STREET ADDRESS **2900 NW 55 AVENUE**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **PD** ☐ Delete
NAME **MINTO-NELSON, SANDRA**
STREET ADDRESS **2900 NW 55 AVENUE**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **VTD** ☐ Delete
NAME **SMITH, CAMILLE**
STREET ADDRESS **2900 NW 55 AVE**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **D** ☒ Delete
NAME **CHARLES, JASON**
STREET ADDRESS **2900 NW 55 AVENUE**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME **FABIAN CHARLES**
STREET ADDRESS **2900 NW 55 Avenue**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **PD** ☒ Change ☐ Addition
NAME **Nelson SANDRA**
STREET ADDRESS **2900 NW 55 Avenue**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **TD** ☒ Change ☐ Addition
NAME **Smith Camille**
STREET ADDRESS **2900 NW 55 AVE**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **SA** ☐ Change ☒ Addition
NAME **Patrice Keys**
STREET ADDRESS **2900 NW 55 AVE**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **D** ☐ Change ☒ Addition
NAME **Bailey Michelle**
STREET ADDRESS **2900 NW 55 AVE**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **FABIAN CHARLES VPL Charles**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06
Date

954-647-1408
Daytime Phone #