


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90001 047 \*\*\*\*62.50

<b>DOCUMENT # 750204</b> 1. Entity Name <b>STONEBRIDGE GARDENS, SECTION TWO, CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2900 NW 55TH AVE LAUDERDALE, FL 33313 US</b>			Mailing Address <b>2900 NORTHWEST 55TH AVENUE LAUDERHILL, FL 33313 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2085862</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BOLIN, JANE F 6530 GRIFFIN ROAD, SUITE 104 DAVIE, FL 33314</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FABIAN, CHARLES 2900 NW 55 AVENUE LAUDERHILL, FL 33313</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NELSON, SANDRA 2900 NW 55 AVENUE LAUDERHILL, FL 33313</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SMITH, CAMILLE 2900 NW 55 AVE. LAUDERHILL, FL 33313</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WILLSON, LAURA 2900 NORTHWEST 55 AVENUE LAUDERHILL, FL 33313</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____			Date <b>5/28/08</b> Daytime Phone # <b>954-739-6082</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT 40108054

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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Document Number 750204

Business Entity Name STONEBRIDGE GARDENS, SECTION TWO, CONDOMINIUM ASSOCIATION, INC.

FEI Number 59 - 2085862

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status ☐ \$8.75 (Optional)

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

#### Principal Place of Business

Address 2900 NW 55TH AVE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State LAUDERDALE, FL

Zip Code & Country 33313 US

#### Mailing Address

If your mailing address is the same as the principal address above, please check the box below.  
Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 2900 NORTHWEST 55TH AVENUE

Suite, Apt. #, etc.

City, State LAUDERHILL, FL

Zip Code & Country 33313 US

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title) BOLIN, JANE, F

- OR -

Business to serve as RA

Street Address In Florida 6530 GRIFFIN ROAD, SUITE 104 (PO Box not acceptable)

Suite, Apt. #, etc.

City, State DAVIE, FL

ATTACHMENT

40108054

IF 750204

Zip Code &amp; Country

33314

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title

VD

Name (Last, First, Middle, Title)

FABIAN

CHARLES

- OR -

Entity Name to serve as Officer/Director

Street Address

2900 NW 55 AVENUE

City, State

LAUDERHILL

FL

Zip Code &amp; Country

33313

**Name And Address #2**

Title

PD

Name (Last, First, Middle, Title)

NELSON

SANDRA

- OR -

Entity Name to serve as Officer/Director

Street Address

2900 NW 55 AVENUE

City, State

LAUDERHILL

FL

Zip Code &amp; Country

33313

**Name And Address #3**

Title

TD

Name (Last, First, Middle, Title)

SMITH

CAMILLE

- OR -

Entity Name to serve as Officer/Director

Street Address

2900 NW 55 AVE

City, State

LAUDERHILL

FL

# ATTACHMENT

Zip Code & Country

33313

40108054

#750204

## Name And Address #4

Title

SD

Name (Last, First, Middle, Title)

WILLSON

LAURA

- OR -

Entity Name to serve as Officer/Director

Street Address

2900 NORTHWEST 55 AVENUE

City, State

LAUDERHILL

FL

Zip Code & Country

33313

## Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

## Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

President

Officer/Director Signature

*Willson* 4/28/08