

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750204

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

2900 NW 55TH AVE
LAUDERDALE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

2900 NORTHWEST 55TH AVENUE
LAUDERHILL, FL 33313 US

New Mailing Address:

FEI Number: 59-2085862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLIN, JANE F
6530 GRIFFIN ROAD, SUITE 104
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

BOLIN, JANE F
4804 W. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33319 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:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD (X) Delete
Name: FABIAN, CHARLES
Address: 2900 NW 55 AVENUE
City-St-Zip: LAUDERHILL, FL 33313

Title: PD () Delete
Name: NELSON, SANDRA
Address: 2900 NW 55 AVENUE
City-St-Zip: LAUDERHILL, FL 33313

Title: TD () Delete
Name: SMITH, CAMILLE
Address: 2900 NW 55 AVE
City-St-Zip: LAUDERHILL, FL 33313

Title: SD () Delete
Name: WILLSON, LAURA
Address: 2900 NORTHWEST 55 AVENUE
City-St-Zip: LAUDERHILL, FL 33313

Title: () Delete
Name:
Address:
City-St-Zip:

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: VD () Change (X) Addition
Name: WINTSON, LEWIS
Address: 2900 NW 55TH AVE
City-St-Zip: LAUDERHILL, FL 33313

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: SANDRA NELSON

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date