

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90318 041 \*\*\*\*61.25

**DOCUMENT # 752640**

1. Entity Name

STONEBRIDGE PATIO HOMEOWNER'S ASSOCIATION,  
PHASE II, INC.



Principal Place of Business

PHASE II, INC.  
2050 KINGS CROSSING  
WINTER HAVEN FL 33880

Mailing Address

PHASE II, INC.  
2050 KINGS CROSSING  
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2425229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WIISANEN, MAYA  
2048 KINGS CROSSING SW  
WINTER HAVEN FL 33880

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

**FILE NOW: 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 S/D ☐ Delete  
NAME VOLPE, JACKIE  
STREET ADDRESS 2035 KINGS CROSSING SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE T/D ☐ Delete  
NAME WIISANEN, MAYA  
STREET ADDRESS 2048 KINGS CROSSING SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ Delete  
NAME WLLSANEN, MAYA  
STREET ADDRESS 2048 KINGS CROSSING SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE V/D ☒ Delete  
NAME ALECK, GREG  
STREET ADDRESS 2032 KINGS CROSSING SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☒ Delete  
NAME SCALON, RICHARD  
STREET ADDRESS 2025 KINGS CROSSING SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME KENNETH GOLON  
STREET ADDRESS 2033 KINGS CROSSING SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition  
NAME BRENDA PERRY-TOWRY  
STREET ADDRESS 2031 KINGS CROSSING SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MAYA WIISANEN

*maya wiisanen*

04-04-06