


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90062 040 \*\*\*\*61.25

<b>DOCUMENT # 752640</b> 1. Entity Name <b>STONEBRIDGE PATIO HOMEOWNER'S ASSOCIATION, PHASE II, INC.</b>					
Principal Place of Business <b>PHASE II, INC. 2050 KINGS CROSSING WINTER HAVEN FL 33880</b>			Mailing Address <b>PHASE II, INC. 2050 KINGS CROSSING WINTER HAVEN FL 33880</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>59-2425229</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WIISANEN, MAYA 2048 KINGS CROSSING SW WINTER HAVEN FL 33880</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/D <b>VOLPE, JACKIE</b> <b>2035 KINGS CROSSING SW</b> <b>WINTER HAVEN FL 33880</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NO CHANGE</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T/D <b>WIISANEN, MAYA</b> <b>2048 KINGS CROSSING SW</b> <b>WINTER HAVEN FL 33880</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NO CHANGE</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <b>WLLSANEN, MAYA</b> <b>2048 KINGS CROSSING SW</b> <b>WINTER HAVEN FL 33880</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NO CHANGE</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP <b>GOLON, KENNETH</b> <b>2033 KINGS CROSSING SW</b> <b>WINTER HAVEN FL 33880</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NO CHANGE</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <b>PERRY-TOWRY, BRENDA</b> <b>2031 KINGS CROSSING SW</b> <b>WINTER HAVEN FL 33880</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NO CHANGE</b>	
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 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.					
<b>SIGNATURE:</b> <i>maya wiisanen</i> <i>wiisanen</i> <i>4/24/07</i> <i>863-676-9333</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					