


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 752640 1. Entity Name STONEBRIDGE PATIO HOMEOWNER'S ASSOCIATION, PHASE II, INC.	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2425229	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 is required when re-instating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		Delete
TITLE	S/D VOLPE, JACKIE	<input type="checkbox"/>
NAME	2035 KINGS CROSSING SW WINTER HAVEN FL 33880	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D WIISANEN, MAYA	<input type="checkbox"/>
NAME	2048 KINGS CROSSING SW WINTER HAVEN FL 33880	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D WLLSANEN, MAYA	<input type="checkbox"/>
NAME	2048 KINGS CROSSING SW WINTER HAVEN FL 33880	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD PERRY-TOWRY, BRENDA	<input type="checkbox"/>
NAME	2031 KINGS CROSSING SW WINTER HAVEN FL 33880	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	NO CHANGE	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NO CHANGE	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NO CHANGE	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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 **4-14-08** **(863) 294-1312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR