
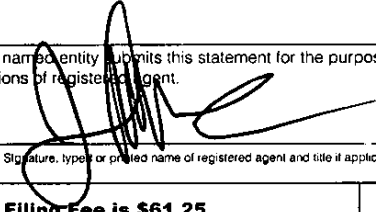
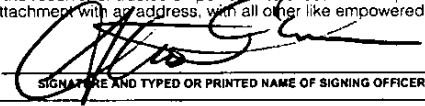


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90086 014 ****61.25

DOCUMENT # 759514 1. Entity Name STURBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1791 S CLUE DRIVE WELLINGTON, FL 33414 US		Mailing Address 1791 S CLUE DRIVE WELLINGTON, FL 33414 US	
2. Principal Place of Business 3461-B Fairlane Farms Rd		3. Mailing Address 3461-B Fairlane Farms Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Wellington FL		City & State Wellington FL	
Zip 33414 USA		Zip 33414 USA	
4. FEI Number 59-2280261		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS MANAGEMENT PLUS, INC. 1791 S CLUE DRIVE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Wellington Management, Inc Street Address (P.O. Box Number is Not Acceptable) 3461-B Fairlane Farms Rd City Wellington FL Zip Code 33414	
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.</small>		DATE 3/14/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THUSS, STEVE 12765 W FOREST HILL BLVD #1302 WELLINGTON, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN, MARY A 12724 HEADWATER CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELMS, DORIS 11883 STURBRIDGE LANE WELLINGTON, FL 33414	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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.		SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
Date 3/10/06		Daytime Phone #	