

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90002 015 ****61.25

DOCUMENT # 759514

1. Entity Name
STURBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3461 -B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US**

Mailing Address
**3461 -B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US**

40032380



2. Principal Place of Business - No P.O. Box #
Wellington Mgmt, Inc
Suite, Apt. #, etc.
3461 -B Fairlane Farms Rd
City & State
Wellington FL
Zip
33414 Country
USA

3. Mailing Address
Wellington Mgmt, Inc
Suite, Apt. #, etc.
3461 -B Fairlane Farms Rd
City & State
Wellington FL
Zip
33414 Country
USA

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2280261

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WELLINGTON MANAGEMENT, INC.
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent
Name
NEW SOME, John
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 _____ DATE _____
(NOTE: Registered Agent signature required when registering)

Filing fee is \$61.25 Due by May 1, 2007

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		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Lynn, Mary Ann 11202 ST. ANDREWS PL, Apt 107 Wellington, FL. 33414
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Elm, DORIS 11883 Sturbridge Lane Wellington, FL. 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T LAVIGNE, ARIENNE 11932 STURBRIDGE LANE Wellington, FL. 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D BENKOW, TERRINE 11941 STURBRIDGE LANE Wellington, FL. 33414
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 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: _____ DATE: 2/14/07 DAYTIME PHONE #: 561 254 1007