

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90038 014 ****61.25

DOCUMENT # 759514

1. Entity Name

STURBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

3461 -B FAIRLANE FARMS RD
WELLINGTON MGMT, INC.
WELLINGTON, FL 33414 US

Mailing Address

3461 -B FAIRLANE FARMS RD
WELLINGTON MGMT, INC.
WELLINGTON, FL 33414 US



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2280261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEWSOME, JOHN
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THUSS, STEVE
STREET ADDRESS	12765 W FOREST HILL BLVD #1302
CITY- ST- ZIP	WELLINGTON, FL
TITLE	VP
NAME	LYNN, MARY A
STREET ADDRESS	11702 ST ANDREWS PL APT.107
CITY- ST- ZIP	WELLINGTON, FL 33414
TITLE	S
NAME	ELMS, DORIS
STREET ADDRESS	11883 STURBRIDGE LANE
CITY- ST- ZIP	WELLINGTON, FL 33414
TITLE	T
NAME	LAVIGNE, ADRIENNE
STREET ADDRESS	11932 STURBRIDGE LANE
CITY- ST- ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	BENBOW, TERRINA
STREET ADDRESS	11981 STURBRIDGE LANE
CITY- ST- ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Steven Thuss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN THUSS Pres.

Date

1/17/08

Daytime Phone #

561 254-1007