

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759514

FILED
Apr 13, 2010
Secretary of State

Entity Name: STURBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

THE CONTINENTAL GROUP, INC.
3461 -B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

Current Mailing Address:

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

New Mailing Address:

THE CONTINENTAL GROUP, INC.
3461 -B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

FEI Number: 59-2280261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
WELLINGTON MANAGEMENT, INC.
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

NEWSOME, JOHN
THE CONTINENTAL GROUP, INC.
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

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.

SIGNATURE: JOHN NEWSOME

04/13/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT
Name: LAVIGNE, ADRIENNE
Address: 11921 STURBRIDGE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: VP/S
Name: RENN, LORI
Address: 11959 STURBRIDGE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: ELMS, DORIS
Address: 11883 STURBRIDGE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: LYNN, MARY ANN
Address: 11720 ST. ANDREWS PLACE #107
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: THUSS, STEVE
Address: 14508 LARKSPUR LANE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADRIENNE LAVIGNE

P

04/13/2010

Electronic Signature of Signing Officer or Director

Date