FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H37345

(6)

STONEBRIDGE PROJECT, INC.

FILED

Feb 26 1997 8:00am

Secretary of State

Principal Place of Business	Mailing Address	11
% TERENCE P. MCCARTHY-DESANTIS. COOK ET 2081 E OCEAN BLVD SUITE 2-A	% TERENCE P. MCCARTHY-DESANTIS. COOK ET 2081 E OCEAN BLVD., SUITE 2-A	

STUART FL 34996-3326									
					3. Date Incorporated or Qualified 01/07/1985	3a. Date of Last Report 04/19/1996			
<u></u>	ace of Business	2a. Mailing Address			4. FEI Number	Ţ	Арр	lied For	
	nebridge treje	et Inc			59-2489337		Not /	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 7250 SE Federal Hum 7250 SE Federal Hum					5. Certificate of Status Desired	6. Certificate of Status Desired See Required Fee Required			
City & State 23 Hobe Sound 28 Hobe S			Sound		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24 334	55 25 Mythn	29 33455 3	Countr	artin	This corporation has liability for in Florida Statutes	ntangible tax ui Yes 🔲 No		99.032,	
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Reg	jistered Agent	ł		
	CARTHY, TERENCE P.		81	Name					
	I E OCEAN BLVD		82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)			
SUIT	E 2-A			olioo! Alaare	ass (F.O. Box Number is Not Acceptable)				
STU	ART FL 33494		83	1				***************************************	
			-						
I			84	City		FL 85	Zip Co	ode	
11. Pursuant l	to the provisions of Sections 607,0502 a	ind 607 1508, Florida Statutes	. the abov	e-named corpo	oration submits this statement for the pr	urnose of chan	ging its	registered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	thorized b	v the corporation	on's board of directors. I hereby accep	t the appointme	ent as re	gistered	
SIGNATURE	Signative 1go diorprinted naive of registerio agont a	no tile il applicable. (NOTE F	Registered Ag	ent signature require	——————————————————————————————————————	DATE			
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 12	
TILE	P	☐ DELETE	1.1 TITLE			□ c	hange	Addition Addition	
NAMÉ	KEATHLEY, TERRY		1.2 NAME						
STREET ADDRESS	6510 SE HERITAGE BLVD.		1.3 STREE	T ADDRESS					
CITY - ST - ZIP	HOBE SOUND FL		1.4 CITY-	ST-ZIP					
Title	VP	DELETE	2.1 TITLE				hange	Addition	
NAME	KENNY, THOMAS G., III		2.2 NAME						
STREET ADDRESS	6510 SE HERITAGE BLVD.		2.3 STREE	T ADDRESS					
CITY - S1 - ZIP	HOBE SOUND FL		2. 4 CITY-						
THUE	ST	DELETE	3.1 TITLE			□ CI	hange	Addition	
NAME	ODOARDI, NANCY P.		3.2 NAME				•		
STREET ADDRESS	6510 SE HERITAGE BLVD.			T ADORESS					
CITY - ST - ZIP	HOBE SOUND FL		3.4 CITY-						
THAF		DELETE	4.1 TITLE	OI-ZIF		□ CI	hanne	Addition	
NAME		hand water to	4. 2 NAME			V	ango (riganion	
STREET ADDRESS				T ADORESS					
CHTV - ST - 7HP		DELETE	4.4 CITY -: 5 1 TITLE	51-211		CI	hanne	Addition	
		LJ DELCIL				<u></u> 0	ianyc (L. HUUHION	
NAME.			5.2 NAME						
STREET ADDRESS			B .	TADDRESS					
CRY-\$1-761			5.4 CITY-:	ST-ZIP				1 2 2 2 2	
DILE		☐ DELETE	6.4 TITLE		•	☐ CI	nange	Addition	
NAME			62 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-ZIP			64 CITY-	ST-ZIP					
14. I do hereb	by certify that the information supplied w	ith this filma does not qualify t			in Section 119 07(3\(i) Florida Statutes	I further certif	v that th	ο	

Information indicated on this armual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 d/Block 13 if changed, or on an attachment with an address.