2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# N00000004588

Entity Name: STONEBRIDGE PARK OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 65-1059134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: REARDON, MAUREEN
Address: 4151 WOODLANDS PKWY
City-St-Zip: PALM HARBOR, FL 34685

Title: STD ( ) Delete
Name: NIKJEH, FARHOD
Address: 4114 WOODLANDS PKWY, STE 401
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: NOLAN, JAMES
Address: 4174 WOODLANDS PKWY
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: ECKREN, YALCIN
Address: 4168 WOODLANDS PKWY
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: ALBERGO, ROBERT
Address: 4132 WOODLANDS PKWY
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: NIKJEH, FARHOD
Address: 31125 U.S HWY. 19 N.
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAUREEN REARDON PRES 04/17/2008

Electronic Signature of Signing Officer or Director — Date