

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005811

FILED
Mar 13, 2012
Secretary of State

Entity Name: VISTAS AT STONEBRIDGE VILLAGE CONDOMINIUM ASSOCIATION I, INC.

Current Principal Place of Business:

7990 BAY MEADOWS RD E
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

C/O SEVERN TRENT SERVICES
475 WEST TOWN PL. #200
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 59-3739058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES, INC.
475 WEST TOWN PLACE
SUITE 200
ST AUGUSTINE, FL 32092 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: STD
Name: COTE, ANDRE
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: PD
Name: DEAN, ANDREW
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VPD
Name: MORGAN, BETHANY G H
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D
Name: ITAYEM, SHIFA
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

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: ANDRE COTE

STD

03/13/2012

Electronic Signature of Signing Officer or Director

Date