2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State
01-24-2008 90028 014 ****61.25

DOCUMENT # N01000007452

1. Entity Name
STOTESBURY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9526 WORSWICK CT WEST PALM BEACH, FL 33414	9526 WORSWICK CT WEST PALM BEACH, FL 33414

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Wellington Management	Wellington Management
Suite, Apt. #, etc. 3461-B Fairlane Farms Rd	Suite, Apt. #, etc. 3461-B Fairlane Farms Rd
City & State Wellington FL	City & State Wellington FL
Zip 33414 Country	Zip 33414 Country

4. FEI Number 65-1158945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARLETTANO, GARY 9526 WORSWICK CT WEST PALM BEACH, FL 33414	Name John Newsome Street Address (P.O. Box Number is Not Acceptable) c/o Wellington Management, Inc 3461-B Fairlane Farms Road City Wellington FL Zip Code 33414

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 _____ John Newsome 1-14-08
(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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RABINOWITZ, PAUL 2250 STOTESBURY WAY WEST PALM BEACH, FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Mark DeAnoria 2255 Stotesbury Way Wellington, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRIEDMAN, DAVID 9486 WORSWICK CT WEST PALM BEACH, FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Ellen Wheelen 9662 Worswick Court Wellington FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARLETTANO, GARY 9526 WORSWICK CT WEST PALM BEACH, FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Mark Kohlbeck 9457 Worswick Court Wellington FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joanne Roberts 9622 Worswick Court Wellington, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James T. Williamson 9657 Worswick Court Wellington, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition

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: _____ Mark Kohlbeck 1/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #