

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007452

FILED
Apr 13, 2009
Secretary of State

Entity Name: STOTESBURY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-1158945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
C/O WELLINGTON MANAGEMENT, INC
3461-B FAIRLANE FARMS ROAD
WEST PALM BEACH, FL 33414 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: DEANORIA, MARK
Address: 2255 STOTEBURY WAY
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: WHEELER, ELIEN
Address: 9662 WORSWICK CT
City-St-Zip: WELLINGTON, FL 33414

Title: STD () Delete
Name: KOHLBECK, MARK
Address: 9457 WORSWICK CT
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: ROBERTS, JOANNE
Address: 9622 WORSWICK CT
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: WILLIAMSON, JAMES T
Address: 9657 WORSWICK CT
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEANDREA, MARK
Address: 2255 STOTEBURY WAY
City-St-Zip: WELLINGTON, FL 33414

Title: VD (X) Change () Addition
Name: WHEELER, ELLEN
Address: 9662 WORSWICK CT
City-St-Zip: WELLINGTON, FL 33414

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

Title: D (X) Change () Addition
Name: MASILOTTI, PAUL
Address: 9617 WORSWICK CT
City-St-Zip: WELLINGTON, FL 33414

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: MARK KOHLBECK

STD

04/13/2009

Electronic Signature of Signing Officer or Director

Date