

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90029 024 \*\*\*\*61.25

<b>DOCUMENT # N01419</b>	
1. Entity Name <b>STOCKBRIDGE LAKES OF SPRINGTREE HOMEOWNERS ASSOCIATION INC.</b>	
Principal Place of Business <b>1750 UNIV. DR, #205 CORAL SPRINGS, FL 33071</b>	Mailing Address <b>1750 UNIV. DR, #205 CORAL SPRINGS, FL 33071 US</b>
<b>8360 W OAKLAND PARK BLVD SUITE 301 SUNRISE FL 33351</b>	<b>c/o ALLIANCE PROPERTY SYSTEMS PO BOX 452199 FORT LAUDERDALE FL 33345-2199</b>



01312004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2623469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SCHNEIDER, RUTH 1750 UNIV. DR, #205 CORAL SPRINGS, FL 33071</b>	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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	VP SNAIDER, SUZI 9315 NW 49TH PL SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shelly Stewart 9221 NW 49 Place Sunrise, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, TREVOR 9221 NW 49TH PL SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carol Newton 9220 NW 49 Place Sunrise, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHNEIDER, RUTH 9382 NW 49TH PLACE SUNRISE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Albert D Davey 9358 NW 49 Place Sunrise, FL 33351 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Delete</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANACKER, WILLIAM 9201 N.W. 49 PL SUNRISE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Efrain G. Liria 9303 NW 49th Place Sunrise, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIFFAULT, CAROLINA 9252 NW 49TH PLACE SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE GUIDO, DIANE 9326 NW 49TH PL SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Ruth Schneider Ruth Schneider (Secretary) 2-24-04 954-742-6899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #