


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90178 012 ****61.25

DOCUMENT # N01419 1. Entity Name STOCKBRIDGE LAKES OF SPRINGTREE HOMEOWNERS ASSOCIATION INC.																																																																																																																													
Principal Place of Business C/O DMS, INC. 6047 KIMBERLY BLVD. STE W. N. LAUDERDALE, FL 33068			Mailing Address C/O DMS, INC. PO BOX 450159 SUNRISE, FL 33351 US																																																																																																																										
2. Principal Place of Business - No P.O. Box # C/O DMS, INC.			3. Mailing Address Suite, Apt. #, etc. 6041 Kimberly Blvd. Ste D																																																																																																																										
City & State N. Lauderdale, FL			City & State Sunrise, FL																																																																																																																										
Zip 33068			Country US																																																																																																																										
4. FEI Number 59-2623469			Applied For <input type="checkbox"/> Not Applicable																																																																																																																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																																																																										
6. Name and Address of Current Registered Agent SCHNEIDER, RUTH 9382 NW 49TH PLACE SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
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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: <u>Ruth Schneider</u> <u>Ruth Schneider</u> <div style="float: right; text-align: right;"> 4/11/07 <small>Date</small> </div> <div style="float: right; text-align: right;"> 954-742-6899 <small>Daytime Phone #</small> </div>																																																																																																																													