

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01419

FILED
Jul 22, 2008
Secretary of State

Entity Name: STOCKBRIDGE LAKES OF SPRINGTREE HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

C/O DMS, INC.
6041 KIMBERLY BLVD. STE D
N. LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

C/O DMS, INC.
PO BOX 450159
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 59-2623469 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHNEIDER, RUTH
9382 NW 49TH PLACE
SUNRISE, FL 33351 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: D () Delete
Name: STEWART, SHELLY
Address: 9221 NW 49 PLACE
City-St-Zip: SUNRISE, FL 33351

Title: PD () Delete
Name: STEWART, TREVOR
Address: 9221 NW 49TH PL
City-St-Zip: SUNRISE, FL 33351

Title: SD () Delete
Name: SCHNEIDER, RUTH
Address: 9382 NW 49TH PLACE
City-St-Zip: SUNRISE, FL

Title: D () Delete
Name: NEWTON, CAROL
Address: 9220 NW 49 PLACE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RUTH SCHNEIDER

SD

07/22/2008

Electronic Signature of Signing Officer or Director

Date