

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01419

FILED  
Feb 20, 2012  
Secretary of State

**Entity Name:** STOCKBRIDGE LAKES OF SPRINGTREE HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

C/O DMS, INC.  
7300 W. MCNAB RD # 220  
TAMARAC, FL 33321

**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 ( )**

**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  
Name: STEWART, SHELLY  
Address: 9221 NW 49 PLACE  
City-St-Zip: SUNRISE, FL 33351

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARCELO L. MARTINEZ

RA

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date