

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004611

1. Entity Name
STURBRIDGE OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**2102 STURBRIDGE OAKS CT
WINTER SPRINGS, FL 32708**

Mailing Address
**2102 STURBRIDGE OAKS CT
WINTER SPRINGS, FL 32708**



01242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2052457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEATHERS, WILLIAM
2102 STURBRIDGE OAKS CT
WINTER SPRINGS, FL 32708**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEATHERS, WILLIAM
STREET ADDRESS	2102 STURBRIDGE OAKS CT.
CITY-ST-ZIP	WINTER SPRINGS, FL

TITLE	T
NAME	FROMAN, NANCY
STREET ADDRESS	1431 BIRD RD.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	S
NAME	WILLIAMS, JOHN
STREET ADDRESS	1208 WELLINGTON TERR.
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/06-80080-022 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *William Leathers* **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-06 407-695-1110