


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90157 028 \*\*\*150.00

14002923



000000000000 N02000005928 1. Entity Name STONEBRIDGE SUBDIVISION OF FLAGLER COUNTY HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business <del>216 MOODY BOULEVARD</del> FLAGLER BEACH, FL 32136 US		Mailing Address P.O. BOX 302 FLAGLER BEACH, FL 32136 US	
2. Principal Place of Business 424 Bryan Ave. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Flagler Beach, FL		City & State	
Zip 32136	Country USA	4. FEI Number 57-1203655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75		03162005 000000 00000000 000000	
6. Name and Address of Current Registered Agent SWEET, JEFFREY C ESQUIRE 595 WEST GRANADA BLVD, STE. A ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00	
		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	PD BLACKBURN, ALDE M <del>216 MOODY BOULEVARD</del> FLAGLER BEACH, FL 32136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 424 BRYAN Ave., Flagler Beach, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLACKBURN, ANGELE I <del>216 MOODY BOULEVARD</del> FLAGLER BEACH, FL 32136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 424 BRYAN Ave., Flagler Beach, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEET, JEFFREY C 595 W. GRANADA BLVD. ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input 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: <i>Angele I. Blackburn</i> STD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/05 (386) 439-2511 <small>Date Daytime Phone #</small>	
Angele I. Blackburn			