


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90258 003 ****61.25

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DOCUMENT # N02000005928			
1. Entity Name STONEBRIDGE SUBDIVISION OF FLAGLER COUNTY HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 424 BRYON AVE. FLAGLER BEACH, FL 32136 US		Mailing Address P.O. BOX 302 FLAGLER BEACH, FL 32136 US	
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 474</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Flagler Beach, FL</i>	
Zip	Country	Zip	Country
<i>32136</i>	USA	<i>32136</i>	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SWEET, JEFFREY C ESQUIRE 595 WEST GRANADA BLVD, STE. A ORMOND BEACH, FL 32174		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, ALDE M	NAME	<i>717 Pineland Trail,</i>
STREET ADDRESS	424 BRYAN AVE.	STREET ADDRESS	<i>ORMOND BEACH, FL 32174</i>
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	
TITLE	STD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, ANGELE I	NAME	<i>717 Pineland Trail</i>
STREET ADDRESS	424 BRYAN AVE.	STREET ADDRESS	<i>ORMOND BEACH, FL 32174</i>
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, JEFFREY C	NAME	
STREET ADDRESS	595 W. GRANADA BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Alde M Blackburn</i>		Date: <i>4/27/06</i> Daytime Phone #: <i>(386) 439-2511</i>	
ALDE M. BLACKBURN			