


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90056 023 ****61.25

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 474
 FLAGLER BEACH, FL 32136 US**

2. Principal Place of Business - No P.O. Box #
1845 No US Hwy 1

3. Mailing Address
 Suite, Apt. #, etc. _____


City & State
Ormond Beach, FL

City & State

Zip
32174

Country
US

40000000



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number
57-1203655

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 Angele I Blackburn DATE 4/30/07

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$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 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACKBURN, ALDE M | | NAME | | |
| STREET ADDRESS | 717 PINELAND TRAIL | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | CITY-ST-ZIP | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACKBURN, ANGELE I | | NAME | | |
| STREET ADDRESS | 717 PINELAND TRAIL | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | 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 | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | 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: Angele I Blackburn DATE 4/30/07 DAYTIME PHONE # (386) 676-4447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR