

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008856

FILED
Apr 16, 2008
Secretary of State

Entity Name: STONEBRIDGE PLACE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 46-0511673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR

04/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWER, RAY
Address: 6214 STEVENSON DR #206
City-St-Zip: ORLANDO, FL 32835

Title: VPD () Delete
Name: GAJEWSKI, WENDY
Address: 6001 TWAIN ST #106
City-St-Zip: ORLANDO, FL 32835

Title: SD () Delete
Name: HATHAWAY, VICKIE
Address: 6059 TWAIN ST #101
City-St-Zip: ORLANDO, FL 32835

Title: TD () Delete
Name: CHARRON, MARIO
Address: 6214 STEVENSON DR #102
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: JOMP, FELICITA
Address: 6081 TWAIN ST #108
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAY POWER

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date