
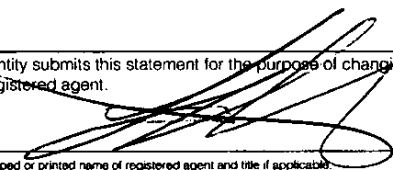
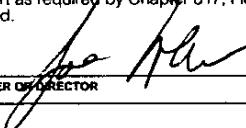


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90175 029 \*\*\*\*61.25

<b>DOCUMENT # N02949</b> 1. Entity Name <b>STONEBRIDGE VILLAS HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>2191 1/2 KNIGHTS ROAD P.O. BOX 9434 WINTER HAVEN, FL 33883</b>		Mailing Address <b>2191 1/2 KNIGHTS ROAD P.O. BOX 9434 WINTER HAVEN, FL 33883</b>	
2. Principal Place of Business - No P.O. Box # <b>2202 Abbey Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 9434</b> Suite, Apt. #, etc. <b>Winter Haven</b>	
City & State <b>Winter Haven FL</b>		City & State <b>FL</b>	
Zip <b>33883-9434</b>		Zip <b>33883</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2522206</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VARNER, BEVERLY 2157 ABBEY RD WINTER HAVEN, FL 33880</b>		7. Name and Address of New Registered Agent Name <b>Ally Cheis Desrochers</b> Street Address (P.O. Box Number is Not Acceptable) <b>2504 Ave G, NW</b> City <b>Winter Haven</b> <b>FL</b> Zip Code <b>33880</b>	
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  <b>CHRISTOPHER DESROCHERS</b> <b>4/4/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORNETT, CAREY 2201 KNIGHTS RD WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WOODSON, JOHN 2206 ABBEY RD WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ODUM, JONATHAN 2216 ABBEY RD WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOE NOLAN 2202 ABBEY RD WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T S JA DUNCAN 2191 Knights Rd Winter Haven, FL 33880	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOE NOLAN 2202 ABBEY RD WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.			
<b>SIGNATURE: JOE NOLAN, PRESIDENT</b> 		<b>3-24-08 863-297-5799</b> <small>Date Daytime Phone #</small>	