

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02949

FILED
Apr 02, 2009
Secretary of State

Entity Name: STONEBRIDGE VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2202 ABBEY ROAD
WINTER HAVEN, FL 33883 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9434
WINTER HAVEN, FL 33883 US

New Mailing Address:

FEI Number: 59-2522206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESPOCHERS, ATTY CHRIS
2504 AVENUE G NW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

DESROCHERS, CHRISTOPHER A
2504 AVE. G NW
WINTER HAVEN, FL 33880 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: CHRISTOPHER A. DESROCHERS

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORNETT, CAREY
Address: 2201 KNIGHTS RD
City-St-Zip: WINTER HAVEN, FL 33880

Title: TS () Delete
Name: DUNCAN, JA
Address: 2191 KNIGHTS ROAD
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR (X) Delete
Name: ODUM, JONATHAN
Address: 2216 ABBEY RD
City-St-Zip: WINTER HAVEN, FL 33880

Title: P () Delete
Name: NOLAN, JOE
Address: 2202 ABBEY ROAD
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: RINER, KEN
Address: 2155 ABBEY RD
City-St-Zip: WINTER HAVEN, FL 33880

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

Title: DPST (X) Change () Addition
Name: NOLAN, JOE
Address: 2202 ABBEY ROAD
City-St-Zip: WINTER HAVEN, FL 33880

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: JOE NOLAN

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date