2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# N03000004440

Entity Name: STONEBRIDGE LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 73-1679851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PUVOGEL, DOUG
Address: 4901 VINELAND RD STE 500
City-St-Zip: ORLANDO, FL 32811

Title: VPD ( ) Delete
Name: WIXTED, MATTHEW
Address: 4901 VINELAND RD STE 500
City-St-Zip: ORLANDO, FL 32811

Title: DS ( ) Delete
Name: DUNCAN, JUDITH
Address: 4901VINELAND RD STE 500
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BUSHEE, EWA
Address: 6151 FROGGATT ST
City-St-Zip: ORLANDO, FL 32835

Title: VPD (X) Change ( ) Addition
Name: WEINBERGER, FRANK
Address: 4721 ROCK CREEK CIR
City-St-Zip: ST LEONARD, MD 20685

Title: SD (X) Change ( ) Addition
Name: RUTENBERG, STEVE
Address: 5972 BUFORD ST
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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: EWA BUSHEE PD 03/17/2006

Electronic Signature of Signing Officer or Director — Date