

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010982

FILED
May 29, 2008
Secretary of State

Entity Name: STONEBRIAR AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826

New Principal Place of Business:

19 E. CENTRAL BLVD.
SECOND FLOOR
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 781291
ORLANDO, FL 32878

New Mailing Address:

19 E. CENTRAL BLVD.
SECOND FLOOR
ORLANDO, FL 32801

FEI Number: 76-0790249 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COMMUNITY RESOURCE MANAGMENT, INC
1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

COMMUNITY RESOURCE MANAGMENT, INC
19 E. CENTRAL BLVD
SECOND FLOOR
ORLANDO, FL 32801 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: _____

05/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BYRNES, LAURA
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

Title: TS () Delete
Name: GANGWISCH, EDWARD
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

Title: VP () Delete
Name: LEWIS, TREVOR
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOCASCIO, MARYJO
Address: 19 E. CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

Title: TS (X) Change () Addition
Name: GANGWISCH, EDWARD
Address: 19 E. CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

Title: VP (X) Change () Addition
Name: LEWIS, TREVOR
Address: 19 E. CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

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: MARYJO LOCASCIO

PD

05/29/2008

Electronic Signature of Signing Officer or Director

Date