

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010982

FILED  
Apr 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

**Current Mailing Address:**

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

**New Mailing Address:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

FEI Number: 76-0790249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

LELAND MANAGEMENT, INC.  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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: REBECCA FURLOW

04/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LOCASCIO, MARYJO  
Address: 2995 HERITAGE HILLS BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: TS (X) Change ( ) Addition  
Name: KASPER, RUSS  
Address: 2995 HERITAGE HILLS BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change ( ) Addition  
Name: STAPP, WES  
Address: 2995 HERITAGE HILLS BLVD  
City-St-Zip: CLERMONT, FL 34711

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: MARY JO LOCASCIO

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date