

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000011242

1. Entity Name
STONEBRIDGE COMMONS COMMUNITY ASSOCIATION,
INC.



Principal Place of Business
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

Mailing Address
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
396 Alhambra Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.
230

City & State

City & State
Coral Gables, FL

Zip

Country

Zip
33134

Country
USA

REINSTATEMENT

4. FEI Number
34-2027687

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

James W. Hart
2180 W SR 434 suite #5000
Longwood, FL 32779

Name
Taylor & Carls, PA
Street Address (P.O. Box Number is Not Acceptable)
850 Concourse Parkway South
Suite # 105
City
Maitland
FL Zip Code
32751

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 HARRY W. CARLS HARRY W. CARLS, DIRECTOR, TAYLOR & CARLS, PA. 2.25.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CUMMINGS, HARRY 6468 CAVA ALTA DR #304 ORLANDO, FL 32835	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DRAKULIC, GARY 6354 MIRAMONTE DR #105 ORLANDO, FL 32835	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PRZYTYLA, KAREN 6336 CASTELVEN DR #108 ORLANDO, FL 32835	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SIBIGA, CHAR 9109 N BAY BLVD ORLANDO, FL 32819	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUCKER, JAN 6462 CANTUA LN #109 ORLANDO, FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Mitcham, Keith 2896 Polvadeno Lane #103	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Linus Eugene 6336 Castlven Dr # 102	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Cowan, April 6397 Miramonte Dr # 102	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec/Treasurer Rosenstein, Allison 6434 Cava Alta Dr # 302	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Rucker, JAN 6462 Cantua Lane # 109 Orlando, FL 32835	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/08
Date

Daytime Phone #

3/12/08