

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 22 PM 12:04

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 396 ALHAMBRA CIRCLE #230 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 6302 Ducados Pointe		3. Mailing Address 6302 Ducados Pointe			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 34-2027687	
Zip 32835		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR & CARLS, PA 850 CONCOURSE PARKWAY SOUTH SUITE #105 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name The Law Offices of John L. Di Masi Street Address (P.O. Box Number is Not Acceptable) 801 N. Orange Avenue, #500 City Orlando FL Zip Code 32801		
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 MICHAEL UNTERKUEHLER, AGENT FOR F.A. 5/5/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P - spelling	<input type="checkbox"/> Delete		TITLE MITCHAM, KEITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MITCHAM, KEITH	STREET ADDRESS 2896 POLVADERO LANE #103		NAME MITCHAM, KEITH	STREET ADDRESS 	
CITY-ST-ZIP ORLANDO, FL 32835			CITY-ST-ZIP 		
TITLE D	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LINUS, EUGENE	STREET ADDRESS 6336 CASTELVEN DR #102		NAME 	STREET ADDRESS 	
CITY-ST-ZIP ORLANDO, FL 32835			CITY-ST-ZIP 		
TITLE D	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME COWART, APRIL	STREET ADDRESS 6397 MIRAMONTE DR #102		NAME 	STREET ADDRESS 	
CITY-ST-ZIP ORLANDO, FL 32835			CITY-ST-ZIP 		
TITLE ST	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ROSENSTEIN, ALLISON	STREET ADDRESS 6434 CAVA ALTA DR #302		NAME 	STREET ADDRESS 	
CITY-ST-ZIP ORLANDO, FL 32819			CITY-ST-ZIP 		
TITLE VP	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RUCKER, JAN	STREET ADDRESS 6462 CANTUA LN #109		NAME 	STREET ADDRESS 	
CITY-ST-ZIP ORLANDO, FL 32835			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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: President			5.15.08 407-996-5530		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Keith Mitcham					