


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N22008 1. Entity Name STURBRIDGE PLACE ASSOCIATION, INC.	
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Principal Place of Business 8511 STURBRIDGE CIR W JACKSONVILLE, FL 32244	Mailing Address 8511 STURBRIDGE CIR W JACKSONVILLE, FL 32244
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01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2898727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, WANELL 8511 STURBRIDGE CIR W JACKSONVILLE, FL 32244

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MURPHY, TRACIE D 8507 STURBRIDGE CIR. E. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALKER, WANELL 8511 STURBRIDGE CIRCLE WEST JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STREET, JAMES E 8529 STURBRIDGE CIR W. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCDOWELL, MARYANN 8543 STURBRIDGE CIR E JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/11/05-80051-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Wanell Walker **WANELL WALKER** 2.5.2005 904.779.4950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #