


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90036 034 ****61.25

DOCUMENT # N22008 1. Entity Name STURBRIDGE PLACE ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 8511 STURBRIDGE CIR W JACKSONVILLE, FL 32244			Mailing Address 8511 STURBRIDGE CIR W JACKSONVILLE, FL 32244																																																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country																																																																																																																										
6. Name and Address of Current Registered Agent WALKER, WANELL 8511 STURBRIDGE CIR W JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>																																																																																																																													
Filing Fee is \$61.25 Due by September 12, 2008		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																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">PD</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BENELER, ALISA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8567 STURBRIDGE CIR E</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32244</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALKER, WANELL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8511 STURBRIDGE CIRCLE WEST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32244</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCKENNEY, PEGGY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8597 STURBRIDGE CIR E</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32244</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUNT, DONNA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8591 STURBRIDGE CIR E</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32244</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">PD</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>COUTURE, CECILE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8592 STURBRIDGE CIR W</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32244</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	BENELER, ALISA		STREET ADDRESS	8567 STURBRIDGE CIR E		CITY-ST-ZIP	JACKSONVILLE, FL 32244		TITLE	TD	<input type="checkbox"/> Delete	NAME	WALKER, WANELL		STREET ADDRESS	8511 STURBRIDGE CIRCLE WEST		CITY-ST-ZIP	JACKSONVILLE, FL 32244		TITLE	VD	<input type="checkbox"/> Delete	NAME	MCKENNEY, PEGGY		STREET ADDRESS	8597 STURBRIDGE CIR E		CITY-ST-ZIP	JACKSONVILLE, FL 32244		TITLE	S	<input type="checkbox"/> Delete	NAME	HUNT, DONNA		STREET ADDRESS	8591 STURBRIDGE CIR E		CITY-ST-ZIP	JACKSONVILLE, FL 32244		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	COUTURE, CECILE		STREET ADDRESS	8592 STURBRIDGE CIR W		CITY-ST-ZIP	JACKSONVILLE FL 32244		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Wanell Walker</i> 5-1-2008 904.779.4950 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> _____ <small>Daytime Phone #</small> _____ </div>																																																																																																																													