

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22008

FILED
Jan 06, 2009
Secretary of State

Entity Name: STURBRIDGE PLACE ASSOCIATION, INC.

Current Principal Place of Business:

8511 STURBRIDGE CIR W
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

8511 STURBRIDGE CIR W
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-2898727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, WANELL
8511 STURBRIDGE CIR W
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COUTURE, CECILE
Address: 8592 STURBRIDGE CIR. W.
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD () Delete
Name: WALKER, WANELL
Address: 8511 STURBRIDGE CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD () Delete
Name: MCKENNEY, PEGGY
Address: 8597 STURBRIDGE CIR E
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: HUNT, DONNA
Address: 8591 STURBRIDGE CIR E
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WANELL WALKER

TD

01/06/2009

Electronic Signature of Signing Officer or Director

Date