

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22008

**FILED**  
**Mar 15, 2012**  
**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  
Name: MCKENNEY, PEGGY  
Address: 8597 STURBRIDGE CIR.E  
City-St-Zip: JACKSONVILLE, FL 32244 US

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

Title: VD  
Name: HUNT, DONNA  
Address: 8591 STURBRIDGE CIR E  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: S  
Name: WALKER, WANELL  
Address: 8511 STURBRIDGE CIR W  
City-St-Zip: JACKSONVILLE, FL 32244 US

I hereby 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 all other like empowered.

SIGNATURE: WANELL WALKER

TD

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date