

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N27448	
1. Entity Name STONEBRIDGE OWNERS' ASSOCIATION, INC.	

Principal Place of Business P O BOX 1456 CRESTVIEW FL 32539	Mailing Address P O BOX 1456 CRESTVIEW FL 32539
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 59-2936077	Applied For ☐ No: Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JAMES, MARY 2822 PENNY LANE CRESTVIEW FL 32539	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>Mary James</i>	DATE <i>3/25/08</i>

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
PDM BAUER, RANDY 2857 PENNEY LANE CRESTVIEW FL 32539	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
VPD TOSO, WENDY 2840 PENNEY LANE CRESTVIEW FL 32539	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TD JAMES, ROBERT 2822 PENNEY LANE CRESTVIEW FL 32539	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
SD JAMES, MARY 2822 PENNEY LANE CRESTVIEW FL 32539	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
MD BAUER, GINNY 2857 PENNEY LANE CRESTVIEW FL 32539	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
U000000872498 04/10/08-80040-012 61.25	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *MARY JAMES* *Mary James* *3/25/08* *850-683-9133*