

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27448

FILED
Apr 27, 2009
Secretary of State

Entity Name: STONEBRIDGE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 1456
CRESTVIEW, FL 32539

New Principal Place of Business:

2857 PENNEY LN
CRESTVIEW, FL 32539

Current Mailing Address:

P O BOX 1456
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 59-2936077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, MARY
2822 PENNY LANE
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

BAUER, VIRGINIA
2857 PENNY LN
CRESTVIEW, FL 32539 US

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: VIRGINIA BAUER

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDM () Delete
Name: BAUER, RANDY
Address: 2857 PENNEY LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: VPD () Delete
Name: TOSO, WENDY
Address: 2840 PENNEY LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: TD () Delete
Name: JAMES, ROBERT
Address: 2822 PENNEY LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: SD () Delete
Name: JAMES, MARY
Address: 2822 PENNEY LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: MD (X) Delete
Name: BAUER, GINNY
Address: 2857 PENNY LANE
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDM (X) Change () Addition
Name: BAUER, RANDY K PDM
Address: 2857 PENNEY LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: VPD (X) Change () Addition
Name: TOSO, WENDY VPD
Address: 2840 PENNEY LN
City-St-Zip: CRESTVIEW, FL 32539

Title: TD (X) Change () Addition
Name: BAUER, VIRGINIA K TD
Address: 2857 PENNEY LN
City-St-Zip: CRESTVIEW, FL 32539

Title: SD (X) Change () Addition
Name: BAUER, VIRGINIA K SD
Address: 2857 PENNEY LN
City-St-Zip: CRESTVIEW, FL 32539

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: VIRGINIA BAUER

SD

04/27/2009

Electronic Signature of Signing Officer or Director

Date