

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29777

FILED
Apr 22, 2009
Secretary of State

Entity Name: STONEBRIDGE HOMEOWNERS ASSOCIATION OF FORT MYERS, INC.

Current Principal Place of Business:

% TIMOTHY MANKIN
8667 SOUTH LAKE CIRCLE
FT. MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

8667 SOUTH LAKE CIRCLE
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0109981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANKIN, TIMOTHY
8667 SOUTH LAKE CIRCLE
FT MYERS, FL 33908 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: T () Delete
Name: MANKIN, TIMOTHY T
Address: 8667 SOUTH LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: LIESE, STEVEN
Address: 8715 SOUTH LAKE CIR
City-St-Zip: FT MYERS, FL 33908

Title: D () Delete
Name: FAIRFAX, DOUGLAS
Address: 8549 SOUTH LAKE CIR
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: EINSTEIN, SAMUEL J
Address: 8509 SOUTH LAKE CIR
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: NATALE, JOHN
Address: 8724 S LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33908

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:

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: TIMOTHY MANKIN

T

04/22/2009

Electronic Signature of Signing Officer or Director

Date