# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:14

DOCUMENT # N30333 (1)

1. Corporation Name
STURBRIDGE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % FLORIDA MANAGEMENT SERVICES<br>431 CENTRAL BLVD SUITE 220<br>ORLANDO FL 32802 | C/O FLORIDA MANAGEMENT SERVICES<br>PO BOX 73<br>ORALNDO FL 32802 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 43-1245518 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

BAILEY, NEIL, J
C/O FLORIDA MANAGEMENT SERVICES
431 E. CENTRAL BLVD., STE 220
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~PD~~ | 1.1 TITLE | DVP | ☑ Change ☐ Addition |
| NAME | BEAMAN, TIM | 1.2 NAME | | |
| STREET ADDRESS | 11168 CYPRESS LEAF DR | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32825 | 1.4 CITY-ST-ZIP | | |
| TITLE | ~~VPD~~ | 2.1 TITLE | DP | ☑ Change ☐ Addition |
| NAME | JOHNSON, ANTHONY | 2.2 NAME | | |
| STREET ADDRESS | 11180 CYPRESS LEAF DR | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32825 | 2.4 CITY-ST-ZIP | | |
| TITLE | ~~SD~~ | 3.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | DEVORE, DAVID | 3.2 NAME | | |
| STREET ADDRESS | 11132 CYPRESS LEAF DR | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32825 | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BEAGEAL, QUENTIN | 4.2 NAME | | |
| STREET ADDRESS | 11128 CYPRESS LEAF DR | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32825 | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | COMEC | ☐ Change ☐ Addition |
| NAME | COMEN, MARK | 5.2 NAME | | |
| STREET ADDRESS | 11232 CYPRESS LEAF DR | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32825 | 5.4 CITY-ST-ZIP | | |
| TITLE | ~~D~~ | 6.1 TITLE | SD | ☐ Change ☐ Addition |
| NAME | CURRY, TYLER | 6.2 NAME | | |
| STREET ADDRESS | 1224 GOLDEN CLUB CT | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32825 | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-25-95 380-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004076