

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

1-2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N30333 (1)
1. Corporation Name
STURBRIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
% FLORIDA MANAGEMENT SERVICES C/O FLORIDA MANAGEMENT SERVICES
~~401 CENTRAL BLVD SUITE 220~~ PO BOX 73
ORLANDO FL 32802 ORLANDO FL 32802

3. Date Incorporated or Qualified 01/25/1989 3a. Date of Last Report 02/07/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 918 Bradshaw Terrace 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 43-1245518 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DALEY, NEIL J.~~
C/O FLORIDA MANAGEMENT SERVICES
~~401 CENTRAL BLVD., STE 220~~
ORLANDO FL 32801

81 Name Florida Management Services
82 Street Address (P.O. Box Number is Not Acceptable) 918 Bradshaw Terrace
83
84 City Orlando FL 85 Zip Code 32802

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Quentin Begeal* DATE 7/16/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP DEAN, TIM 11100 CYPRESS LEAF DR ORLANDO FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, TIM	1.2 NAME	Kiser, Bill
STREET ADDRESS	11100 CYPRESS LEAF DR	1.3 STREET ADDRESS	1333 Silverthorn Dr.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32825
TITLE	DP JOHNSON, ANTHONY 11180 CYPRESS LEAF DR ORLANDO FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ANTHONY	2.2 NAME	
STREET ADDRESS	11180 CYPRESS LEAF DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DP DEVORE, DAVID 11132 CYPRESS LEAF DR ORLANDO FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVORE, DAVID	3.2 NAME	TD Eonta, Bob
STREET ADDRESS	11132 CYPRESS LEAF DR	3.3 STREET ADDRESS	1227 Golden Club Court
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32825
TITLE	DP BEAGEAL, QUENTIN 11128 CYPRESS LEAF DR ORLANDO FL 32825	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAGEAL, QUENTIN	4.2 NAME	DP Begeal, Quentin
STREET ADDRESS	11128 CYPRESS LEAF DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	4.4 CITY-ST-ZIP	
TITLE	DP COMER, MARK 11232 CYPRESS LEAF DR ORLANDO FL	5.1 TITLE	SD
NAME	COMER, MARK	5.2 NAME	
STREET ADDRESS	11232 CYPRESS LEAF DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	DP CURRY, TYLER 1224 GOLDEN CLUB CT ORLANDO FL	6.1 TITLE	D
NAME	CURRY, TYLER	6.2 NAME	800001902768
STREET ADDRESS	1224 GOLDEN CLUB CT	6.3 STREET ADDRESS	-07/24/96--01003--019
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	***61.25

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)(k), 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, Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Quentin Begeal* DATE 7/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 381-0786
Daytime Phone #

CR2E037 (3/96)

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
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ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
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ORLANDO FL 32802
C/O FLORIDA MANAGEMENT SERVICES
PO BOX 73
ORLANDO FL 32802

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		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

5/1/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BEAMAN, TIM	
STREET ADDRESS	11100 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOHNSON, ANTHONY	
STREET ADDRESS	11180 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVORE, DAVID	
STREET ADDRESS	11132 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEAGLE, QUENTIN	
STREET ADDRESS	11128 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	COME	<input type="checkbox"/> DELETE
NAME	COMER, MARK	
STREET ADDRESS	11232 CYPRESS LEAF DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CURRY, TYLER	
STREET ADDRESS	1224 GOLDEN CLUB CT	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARY BRENTS	
13 STREET ADDRESS	1429 PON PON COURT	
14 CITY-ST-ZIP	ORLANDO, FL 32825	
21 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BILL KISER	
23 STREET ADDRESS	1333 SILVERTHORN DR	
24 CITY-ST-ZIP	ORLANDO, FL 32825	
31 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MARK COMER	
33 STREET ADDRESS	11232 CYPRESS LEAF DR	
34 CITY-ST-ZIP	ORLANDO, FL 32825	
41 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BOB EONTA	
43 STREET ADDRESS	1827 GOLDEN CLUB CT	
44 CITY-ST-ZIP	ORLANDO, FL 32825	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	TYLER CURRY	
53 STREET ADDRESS	1224 GOLDEN CLUB CT	
54 CITY-ST-ZIP	ORLANDO, FL 32825	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	QUENTIN BEAGLE	
63 STREET ADDRESS	11128 CYPRESS LEAF DR	
64 CITY-ST-ZIP	ORLANDO, FL 32825	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)