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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30333 (1)
1. Corporation Name
STURBRIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business ANGELIA GORDON PROP MGMT. INC 4030 DIJON DRIVE ORLANDO FL 32808 US	Mailing Address ANGELIA GORDON PROP MGMT. INC 4939 DIJON DRIVE ORLANDO FL 32808 US
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3. Date Incorporated or Qualified 01/25/1989
4. FEI Number 43-1245518
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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent ANGELIA GORDON PROP MGMT INC 4030 DIJON DRIVE ORLANDO FL 32808	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRADO, CARLOS 11133 CYPRESS LEAF DR ORLANDO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Prado, Carlos 11133 Cypress Leaf Dr. Orlando 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOPEZ, JOSE 11287 CYPRESS LEAF DR ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD Calcano, Victor 1161 Hackberry Dr. Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANT, STEVEN 1337 SILVERTHORN DR ORLANDO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD Dufour, John 1336 Silverthorn Dr. Orlando 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLIVER, MARIO 11318 CYPRESS LEAF DR ORLANDO FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RONALD 1341 SILVERTHORN DRIVE ORLANDO FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALCANO, VICTOR 1161 HACKBERRY DR ORLANDO FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *[Signature]* 10 FEB 97 (407) 847 9976

CR2E037 (10/97)