

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

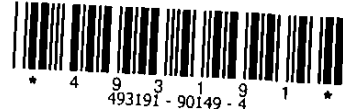
FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90149 004 ****61.25

DOCUMENT # N30333

1. Corporation Name
STURBRIDGE HOMEOWNERS ASSOCIATION
ETC

Principal Place of Business Mailing Address
STURBRIDGE HOMEOWNERS ASSOCIATION
C/O ANGELIA GORDON PROPERTY MGT., INC.
4030 DIJON DRIVE
ORLANDO, FL 32808



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number
22 City & State	27 City & State	43-1245518
23 Zip	28 Zip	5. Certificate of Status Desired
24 Country	29 Country	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

ANGELIA GORDON PROPERTY MGT., INC.
4030 DIJON DR.
ORLANDO, FL 32808

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

FL

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	
NAME	JOHN DUFOUR	1.2 NAME	
STREET ADDRESS	1336 SILVERTHORNDR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	MARIO OLIVER	2.2 NAME	
STREET ADDRESS	1418 BONBON COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	EYETTE DE MARCO	3.2 NAME	
STREET ADDRESS	1337 SILVERTHORNDR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	RONALD JEAN-ETIENNE	4.2 NAME	
STREET ADDRESS	11106 CYPRESS LEAF DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	4.4 CITY-ST-ZIP	
TITLE	D.	5.1 TITLE	
NAME	DAVID STOVER	5.2 NAME	
STREET ADDRESS	11192 CYPRESS LEAF	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	JOSE LOPEZ	6.2 NAME	
STREET ADDRESS	11237 CYPRESS LEAF	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)