2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90098 012 ****61.25

DOCUMENT # N30333

1. Entity Name

STURBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK FL 32789 US	1350 ORANGE AVE STE 100 WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 1208 Suite, Apt. #, etc.
City & State	City & State: Winter Park FL
Zip / Country	Zip: 32790 / Country: USA

4. FEI Number: 43-1245518 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DE MARCO, EVETTE 1337 SILVERTHORN DR ORLANDO FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P Peter Messina 1408 Silverthorn Dr. Orlando FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROPER, CINDY 1401-SILVERTHORN DRIVE ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUFOUR, JOHN 1336 SILVERHORN DR ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JEAN-ETIENNE, RONALD 11106 CYPRESS LEAF DR ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOVER, DAVID 11192 CYPRESS LEAF DR ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C. DeMarco 1/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #