

2002 UNIFORM BUSINESS REPORT (UBR)

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

PO BOX 1208  
WINTER PARK FL 32790  
US

27712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1245518

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ATTWOOD-PHILLIPS INC  
1350 ORANGE AVE  
STE 100  
WINTER PARK FL 32789

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

4/28/02

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  Delete  
NAME MESSINA, PETER  
STREET ADDRESS 1408 SILVERTHORN DR  
CITY-ST-ZIP ORLANDO FL 32825

TITLE  Change  Addition  
NAME ~~ROPER, CINDY~~ PD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME D ROPER, CINDY  
STREET ADDRESS 1401 SILVERTHORN DRIVE  
CITY-ST-ZIP ORLANDO FL 32825

TITLE  Change  Addition  
NAME ~~ROPER, CINDY~~ JD Cunningham, Jennifer  
STREET ADDRESS 11220 CYPRESS LEAF DR  
CITY-ST-ZIP ORLANDO FL 32825

TITLE  Delete  
NAME PD DUFOUR, JOHN  
STREET ADDRESS 1336 SILVERTHORN DR  
CITY-ST-ZIP ORLANDO FL 32825

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME TD JEAN-ETIENNE, RONALD  
STREET ADDRESS 11108 CYPRESS LEAF DR  
CITY-ST-ZIP ORLANDO FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME D STOVER, DAVID  
STREET ADDRESS 11192 CYPRESS LEAF DR  
CITY-ST-ZIP ORLANDO FL 32825

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

*David Stover*  
PRESIDENT

03-26-02

321-235-9231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)