

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90077 050 \*\*\*\*61.25

**DOCUMENT # N30333**

1. Entity Name  
**STURBRIDGE HOMEOWNERS ASSOCIATION, INC.**



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

Mailing Address  
**1350 ORANGE AVE  
SUITE 100  
WINTER PARK, FL 32789 US**

2. Principal Place of Business  
**Greystone Management**  
Suite, Apt. #, etc.  
**1950 Lee Road, Ste 212**  
City & State  
**Winter Park, FL**  
Zip  
**32789** Country  
**USA**

3. Mailing Address  
**Greystone Management**  
Suite, Apt. #, etc.  
**1950 Lee Road, Ste 212**  
City & State  
**Winter Park, FL**  
Zip  
**32789** Country  
**USA**



01132006 Chg-NP CR2E037 (11/05)

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  
**GREYSTONE MANAGEMENT CO  
1950 LEE ROAD  
SUITE 212  
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James C. Chernsky* **1-12-06**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JEAN-ETIENNE, RONALD 11100 CYPRESS LEAF DR ORLANDO, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURGO, VIRGINIA 1131 CYPRESS LEAF DRIVE ORLANDO FL 32825</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STOVER, DAVID 11192 CYPRESS LEAF DR ORLANDO, FL 32825</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WILLIAMSON, MIKE 11220 CYPRESS LEAF DR ORLANDO, FL 32825</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRUZ, DIANA 1437 PON PON CT ORLANDO, FL 32825</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **1/26/06** **407-222-6456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #