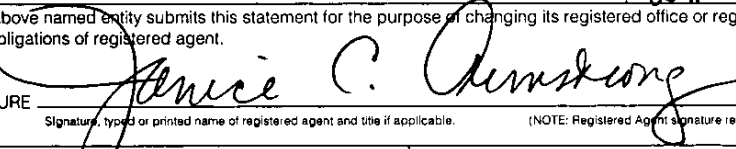
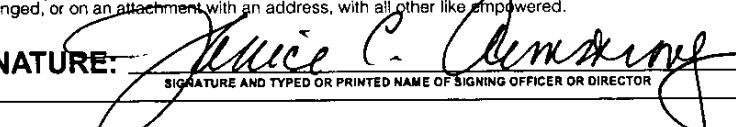


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90007 038 ****61.25

DOCUMENT # N30333 1. Entity Name STURBRIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business GREYSTONE MANAGEMENT 1950 LEE RD STE 212 WINTER PARK, FL 32789 US			Mailing Address GREYSTONE MANAGEMENT 1950 LEE RD STE 212 WINTER PARK, FL 32789 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1936 Lee Rd Suite, Apt. #, etc. Suite 250 City & State Winter Park FL Zip 32789 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 GREYSTONE MANAGEMENT CO 1950 LEE ROAD SUITE 212 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Greystone Management Co Street Address (P.O. Box Number is Not Acceptable) 1936 Lee Rd Suite 250 City Winter Park FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 7/23/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 14, 2007		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	D JEAN-ETIENNE, RONALD 11106 CYPRESS LEAF DR ORLANDO, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kim Takach 1441 Pon Pon Court Orlando, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOVER, DAVID 11192 CYPRESS LEAF DR ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gary Lloyd 1125 Hackberry dr Orlando, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMSON, MIKE 11220 CYPRESS LEAF DR ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Diaz 11001 cypress leaf dr Orlando, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGOS, VIRGINIA 1131 CYPRESS LEAF DR ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Virginia Burgos 1131 cypress leaf dr Orlando, FL 32825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, DIANA 1437 PON PON CT ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Diana Cruz 1437 Pon Pon Ct Orlando FL 32825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  DATE 7/23/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					