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	Mailing Address
GREYSTONE MANAGEMENT 1950 LEE RD STE 212 WINTER PARK, FL 32789 US	GREYSTONE MANAGEMENT 1950 LEE RD STE 212 WINTER PARK, FL 32789 US

07122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1936 Lee Rd
Suite, Apt. #, etc. 1936 Lee Rd suite 250	Suite, Apt. #, etc. Suite 250
City & State Winter Park FL	City & State Winter Park FL
Zip / Country 32789 / USA	Zip / Country 32789 / 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
GREYSTONE MANAGEMENT CO 1950 LEE ROAD SUITE 212 WINTER PARK, FL 32789	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: Janice C. Armstrong 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: Janice C. Armstrong 7/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #