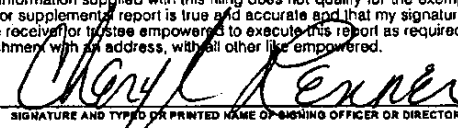


FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90251 025 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N46913					
1. Entity Name STONEBRIDGE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3134720	
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 New Registered Agent	
HART, JAMES W JR 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779				Name Street Address (P.O. Box Number is Not Acceptable) City FLZip 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 _____ 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, 2008		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	PD OLSON, PAULA 9308 WELLINGTON PARK CIR TAMPA, FL 33647 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THORNBERRY, BRUCE 9305 WELLINGTON PARK CIR TAMPA, FL 33647 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RHUDE, DARLA 9303 WELLINGTON PARK CIRCLE TAMPA, FL 33647 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RHUDE, DARLA 9303 WELLINGTON PARK CIR TAMPA, FL 33647 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAGGIOLI, SABINA 9337 WELLINGTON PARK CIRCLE TAMPA, FL 33647 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GAGGIOLI, SABINA 9337 WELLINGTON PARK CIR TAMPA, FL 33647 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RENNER, CHERYL 9346 WELLINGTON PARK CIR TAMPA, FL 33647 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RENNER, CHERYL 9346 WELLINGTON PARK CIR TAMPA, FL 33647 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KUTASH, BILL 9335 WELLINGTON PARK CIR TAMPA, FL 33647 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAUVIN, RENNIE 9349 WELLINGTON PARK CIR TAMPA, FL 33647 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALAZON, GIANMARCO 9337 WELLINGTON PARK CIRCLE TAMPA, FL 33647 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALAZON, GIANMARCO 9304 WELLINGTON PARK CIR TAMPA, FL 33647 ☒ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DateDaytime Phone #					