

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N49942 (8)**

1. Corporation Name

**STONEBRIDGE VILLAGE HOMEOWNERS' ASSOCIATION, INC**



Principal Place of Business

Mailing Address

~~237 HUNT CLUB BLVD.~~  
~~SUITE 201~~  
LONGWOOD FL 32779

155 Sabal Palm Drive  
LONGWOOD FL 32779

~~237 HUNT CLUB BLVD.~~  
~~SUITE 201~~  
LONGWOOD FL 32779

3. Date Incorporated or Qualified  
**07/20/1992**

3a. Date of Last Report  
**04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**65-0354968**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINCENT, P.  
~~237 HUNT CLUB BLVD.~~ 155 Sabal Palm Drive  
~~SUITE 201~~  
LONGWOOD FL 32779

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: For authorized Agent signature, required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P  DELETE  
NAME: MASSARI, MICHELLE L  
STREET ADDRESS: 8424 FORT JEFFERSON BLVD.  
CITY-ST-ZIP: ORLANDO FL 32822

1.1 TITLE: IP/T  Change  Addition  
1.2 NAME: Robert Martin  
1.3 STREET ADDRESS: 8753 Ft. Jefferson Blvd.  
1.4 CITY-ST-ZIP: Orlando, FL 32822

TITLE: VPD  DELETE  
NAME: PARKER, BRUCE  
STREET ADDRESS: 9030 FORT JEFFERSON BLVD.  
CITY-ST-ZIP: ORLANDO FL 32822

2.1 TITLE: VP  Change  Addition  
2.2 NAME: Miley Gardee  
2.3 STREET ADDRESS: 8852 Ft. Jefferson Blvd.  
2.4 CITY-ST-ZIP: Orlando, FL 32822

TITLE: SD  DELETE  
NAME: STAHL, AL  
STREET ADDRESS: 8256 FORT THOMAS WAY  
CITY-ST-ZIP: ORLANDO FL 32822

3.1 TITLE: S  Change  Addition  
3.2 NAME: Terry Steck  
3.3 STREET ADDRESS: 32822  
3.4 CITY-ST-ZIP: 8517 Ft. Clinch Ave., Orlando, FL

TITLE: TD  DELETE  
NAME: MARTIN, ROBERT R.  
STREET ADDRESS: 8753 FORT JEFFERSON BLVD.  
CITY-ST-ZIP: ORLANDO FL 32822

4.1 TITLE: D  Change  Addition  
4.2 NAME: John Cummings  
4.3 STREET ADDRESS: 8679 Ft. Jefferson Blvd.  
4.4 CITY-ST-ZIP: Orlando, FL 32822

TITLE: D  DELETE  
NAME: ANTONIAZZI, CHERYL  
STREET ADDRESS: 8565 FORT CLINCH AVENUE  
CITY-ST-ZIP: ORLANDO FL 32822

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:

TITLE: D  DELETE  
NAME: REEVES, STEPHANIE  
STREET ADDRESS: 8365 FORT CLINCH AVENUE  
CITY-ST-ZIP: ORLANDO FL 32822

6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

3-4-96

Date

407-774-6453

System Phone #

CR2E037 (12/95)