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**Mar 26 1998 8:00am**  
**Secretary of State**



**NONPROFIT CORPORATION ANNUAL REPORT 1998**

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
2180 WEST SR 434 STE 5000 LONGWOOD FL 32779-5044 US	2180 WEST SR 434 STE 5000 LONGWOOD FL 32779-5044 US

3. Date Incorporated or Qualified	07/20/1992
4. FEI Number	65-0354968
Applied For	<input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HART, JAMES W JR**  
**SENTRY MANAGEMENT, INC.**  
 2180 W SR 434 STE 5000  
 LONGWOOD FL 32779

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOMBARDO, JOE	
STREET ADDRESS	8632 FORT SHEA	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FLAX, SYLVIA	
STREET ADDRESS	8776 FORT JEFFERSON	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STRATMANN, PARTICIA	
STREET ADDRESS	8894 FORT JEFFERSON	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KLEINE, MARGOT	
STREET ADDRESS	8310 FORT THOMAS	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEVINNEY, RICHARD	
STREET ADDRESS	8338 FORT THOMAS	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAXTER, DAVID	
STREET ADDRESS	8608 FORT SHEA	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FABRIZI, THOMAS	
2.3 STREET ADDRESS	4834 FT APACHE CT	
2.4 CITY-ST-ZIP	ORLANDO FL 32822	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GRASON, JENNIFER	
3.3 STREET ADDRESS	4804 FT APACHE CT	
3.4 CITY-ST-ZIP	ORLANDO FL 32822	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TOBIN, JULIE	
4.3 STREET ADDRESS	4840 FT APACHE CT	
4.4 CITY-ST-ZIP	ORLANDO FL 32822	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LANIER, SHIRLEY	
5.3 STREET ADDRESS	8611 FORT SHEA AVE	
5.4 CITY-ST-ZIP	ORLANDO FL 32822	
6.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RIVERA, RAYMUNDO	
6.3 STREET ADDRESS	4829 FT APACHE CT	
6.4 CITY-ST-ZIP	ORLANDO FL 32822	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Raymundo Rivera* RAYMUNDO RIVERA 2-24-98 (407) 658-4833

CR2E037 (10/97)