2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49942

1. Entity Name

STONEBRIDGE VILLAGE HOMEOWNERS' ASSOCIATION, INC

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90190 046 ****61.25

DO NOT WRITE IN THIS SPACE

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 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0354968 ☐ 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
HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 W SR 434 STE 5000 LONGWOOD FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIAZ, ISRAEL 8783 FT JEFFERSON BLVD ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEADER, BILL 8407 Ft. Thomas Way Orlando, FL 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TATE, DEBRA 8920 FT JEFFERSON BLVD ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOOVER, CLARENCE 4724 Ft. Wayne Ct Orlando, FL 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JEWELL, TOM 8525 FT THOMAS WAY ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZAMBRANO, GINA 8348 Ft. Clinch Ave Orlando, FL 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OTERO, ANDREA 8783 FT JEFFERSON BLVD ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CORREA, JENNIFER 8734 Ft. Shea Avenue Orlando, FL 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVINNY, DICK 8338 FT THOMAS WAY ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KERCE, JILL 4830 Ft. Dodge St Orlando, FL 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: William H. Leader Bill Leader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #