

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49942

1. Entity Name

STONEBRIDGE VILLAGE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

52 E. SOUTH STREET
ORLANDO FL 32801
US

Mailing Address

52 E. SOUTH STREET
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DON ASHER AND ASSOCIATES, INC.
52 E. SOUTH STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEADER, BILL 8407 FT THOMAS WAY ORLANDO FL 32822	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOOVER, CLARENCE 4724 FT WAYNE CT ORLANDO FL 32822	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAMBRANO, GINA 8348 FT CLINCH AVE ORLANDO FL 32822	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORREA, JENNIFER 8734 FT SHEA AVENUE ORLANDO FL 32822	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERCE, JILL 4830 ST DODGE ST ORLANDO FL 32822	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, S. CHRIS 8315 FORT THOMAS WAY ORLANDO, FL 32822	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DASARO, GARY 8654 FORT JEFFERSON BLVD ORLANDO, FL 32822	☐ Change ☒ Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

407/425-4561

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90315 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)