2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 21, 2008 8:00 am Secretary of State

DOCUMENT # N49942 1. Entity Name STONEBRIDGE VILLAGE HOMEOWNERS' ASSOCIATION, INC.						008 90019 (
1801 COOK AVENUE 1801		Mailing Address 1801 COOK AVENUE ORLANDO, FL 32806	US		O	' lee-	5000	5609
2. Principal Place of Business - No P.O. Box # 3. Mail		3. Mailing Address	ailing Address					
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	ilte, Apt. #, etc.		8 Chg-NP	CR2E0	37 (12/06)	
City & State Cit		City & State	ty & State		nber 354968		<u> </u>	plied For at Applicable
Zip Country Zip		Zip	Country	5. Certific	ate of Status Desire		\$8.75 Add Fee Require	litionet- d
	6. Name and Address of Current Ro	egistered Agent		7. Name a	nd Address of Ne	w Registered	Agent	
ASHER, STEVEN D			Name	Name				
1801 COOK AVENUE ORLANDO, FL 32806				Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
the obligation	named entity submits this statement for toos of registered agent. Signature, typed or printed name of registered agent and			registered agant, or		of Florida. Fam.	familiar with,	and accept
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DI	RECTORS IN	10
	PD HOOVER, CLARENCE 4724 FT WAYNE CT ORLANDO, FL 32822	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
NAME	D SMYKLA, MANA 9170 FORT JEFFERSON BVLD ORLANDO, FL 32822	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	SMYHLA	, MARIA	7	Change	Addition
	TD DARNER, JAMES 8348 FORT CINCH AVE ORLANDO, FL 32822	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME	VD STAUB, DAVID	☐ Oelete	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP	9108 FORT JEFFERSON BLVD ORLANDO, FL 32822		STREET ADDRESS CITY-ST-ZIP	_				V
	9108 FORT JEFFERSON BLVD	☐ Delete		SD BRIAN ITE 8727 FOV ORLAND	NDRIGIS O. CA JEFFER O, FL 32	N RSON BLU RL2	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:

Lavence W Hoover CLARENCE W HOOVER
SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #