

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 03, 2009  
Secretary of State**

DOCUMENT# N49942

Entity Name: STONEBRIDGE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1801 COOK AVENUE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

1801 COOK AVENUE  
ORLANDO, FL 32806 US

**New Mailing Address:**

FEI Number: 65-0354968      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASHER, STEVEN D  
1801 COOK AVENUE  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOOVER, CLARENCE  
Address: 4724 FT WAYNE CT  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: SMYITLA, MARIA  
Address: 9170 FORT JEFFERSON BLVD  
City-St-Zip: ORLANDO, FL 32822

Title: TD ( ) Delete  
Name: DARNER, JAMES  
Address: 8348 FORT CINCH AVE  
City-St-Zip: ORLANDO, FL 32822

Title: VD ( ) Delete  
Name: STAUB, DAVID  
Address: 9108 FORT JEFFERSON BLVD  
City-St-Zip: ORLANDO, FL 32822

Title: SD ( ) Delete  
Name: HENDRICKSON, BRIAN  
Address: 8727 FORT JEFFERSON BLVD  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SMYKLA, MARIA  
Address: 9170 FORT JEFFERSON BLVD  
City-St-Zip: ORLANDO, FL 32822

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TASHA TORRES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

LCAM

02/03/2009

\_\_\_\_\_  
Date