

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 01, 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: SMYKLA, MARIA
Address: 9170 FORT JEFFERSON BVLD
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 (X) Delete
Name: HENDRICKSON, BRIAN
Address: 8727 FORT JEFFERSON BLVD
City-St-Zip: ORLANDO, FL 32822**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: STAUB, DAVID
Address: 9108 FORT JEFFERSON BLVD
City-St-Zip: ORLANDO, FL 32822**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: JOHNS, CHRIS
Address: 8547 FORT CINCH AVE
City-St-Zip: ORLANDO, FL 32822**Title:** VP (X) Change () Addition
Name: HENDRICKSON, BRIAN
Address: 8727 FORT JEFFERSON BLVD
City-St-Zip: ORLANDO, FL 32822**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

MGR

09/01/2009

Electronic Signature of Signing Officer or Director

Date