## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**1998**DOCUMENT #

N9300004314 (1)

FILED						
Feb 23 1998 8:00am						
Secretary of State						

1. Corporation Name						
STONE	EBRIDGE MAINTENANCE AS	SOCIATION, INC.				
Principal Plac	e of Business	Mailing Address		- 1 DERINOLOGO IBIOE ININ ORAK BANK DOMA BORA BORA	A DIDOO HADI IIDH BIDI 1801	
4030 DIJON DRIVE 4030 DIJON DRIVE ORLANDO FL 32808 US US			3. Date Incorporated or Qualified 09/24/1993			
		••		4. FEI Number	Applied For	
				65-0471204	Not Applicable	
2. Principal Place of Business 2a. Mallin		2a. Malling Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.	•	6. Election Campaign Financing	\$5.00 May Be	
22 27 27			Trust Fund Contribution Added to Fees		<del>, ,, , , , ,</del>	
City & State		City & State		7. Is this nonprofit corporation a homeowners association? Yes  No		
Zip Country		Zip	Country	8. This corporation owes or has paid the curr		
24	25	29 30	¬ '		Yes No i	
24	9. Name and Address of Curren		<u>,                                    </u>	10. Name and Address of New Registered Agent		
81 Name						
ANGELIA GORDON PROPERTY MANAGEMENT			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
	ION DRIVE		83			
	NGELIA GORDON 10 FL 32808		L. J			
ORDANU	10 FL 32000	•	84 City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections \$17,0502 and 617,508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such et ange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am amiliar with and accept the obligations of Section \$13,0502 for the statutes.						
SIGNATURE	( Vision	7000	tegistered Agent signature require	// //	7.	
12.	Signature, typed or printer heme of registered age OFFICERS AND		13.	ADDITIONS/CHANGES TO/OFFICERS AND	DIRECTORS IN 12	
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	d when reinstalting)  ADDITIONS/CHANGES TO/OFFICERS AND	Lehange	
NAME	NOBLE, RON		1.2 NAME 7)	anle , RON		
STREET ADDRESS	617 STONEFIELD LOOP		1.3 STREET ADDRESS /	Oble RON CIL LOOP		
CITY-ST-ZIP	HEATHROW FL 32746	_	1.4 CITY-ST-ZIP	+ CAHArow, Fl. 327	160 , I	
TITLE	VP .	BELETE	2.1 TITLE (2)	D	Change Addition	
NAME	Pyle, Terry		2.2 NAME LL	11E, JOHN		
STREET ADDRESS	680 STONEFIELD LOOP		2.3 STREET ADDRESS 6	3 A 2 L/1 A) C P / P 10 P 10 P 10 P	r	
CITY-ST-ZIP	HEATHROW FL 32746		2. 4 CITY-ST-ZIP	EATHOW, FI 32741	0	
TITLE	Ţ	DELETE	3.1 TITLE D	, , , , , ,	Change Addition	
NAME	JOHNSON, SYLVESTER		3.2 NAME	3 Stone Field LOOD		
STREET ADDRESS	657 STONEFIELD LOOP		3.3 STREET ADDRESS		<b>(</b> _	
CITY-ST-ZIP	HEATHROW FL 32746	☐ DELETE	4.4 7.73.5	= A+1 MOW, F1. 3274	Observe delates	
TITLE	SD DALE MADY	☐ DECEIE	4.1 TITLE		Change Addition	
NAME OTOGET ADDRESS	DALE, MARY		4.2 NAME	08 ROCKHATE LOOD		
STREET ADDRESS	697 STONEFIELD LOOP HEATHROW FL 32746			EATARW, F1 32746		
CITY-ST-ZIP TITLE	D	DELETE	4.4 CITY-ST-ZIP ##	<del></del>	Change Addition	
NAME	LUDWIG, DIANE	Dicci.	52 NAME	MublAlk, MichAEI		
STREET ADDRESS	1589 ROCKDALE LOOP			TI 3 ATTION		
CITY-ST-ZIP	HEATHROW FL 32746		5.4 CITY-ST-ZIP	=A+hrow, F1. 32746		
TITLE	D	DOELETE	8.1 TITLE		Change Addition	
NAME	MOODY, VON		6.2 NAME			
STREET ADDRESS	648 STONEFIELD LOOP		6.3 STREET ADDRESS			
CITY-ST-ZIP	HEATHROW FL 32746	. 1	6.4 CITY-ST-ZIP		İ	
		th this filing does not qualify for t		Section 119.07(3)(i), Florida Statutes, I further cert	ify that the information	

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. Further certify that the informatio indicated on this annual report or supplemental annual 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 empty as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an eddress.

CICALATURE

1-27-98 333-064