2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90018 029 ****61.25

DOCUMENT # N93000004314

1. Entity Name

STONEBRIDGE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4030 DIJON DRIVE ORLANDO FL 32808 US	4030 DIJON DRIVE ORLANDO FL 32808-2226 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
312 W. FIRST ST.	P.O. BOX 1747
Suite, Apt. #, etc.: SUITE 404	Suite, Apt. #, etc.
City & State: SANFORD, FL.	City & State: SANFORD, FL.
Zip: 32771 Country: U.S.A.	Zip: 32772-1747 Country: U.S.A.

4. FEI Number: 65-0471204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANGELIA GORDON PROPERTY MANAGEMENT 4030 DIJON DRIVE ATTN: ANGELIA GORDON ORLANDO FL 32808	Name: ANGELIA GORDON PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable): 312 W. FIRST ST. SUITE 404 City: SANFORD FL Zip Code: 32771

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: Angelia L Gordon 2/23/2000
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NOBLE, RON 617 STONEFIELD LOOP HEATHROW FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LYLE, JOHN 660 STONEFIELD LP HEATHROW FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~ROLSTAD, CAROL~~ ~~613 STONEFIELD LP~~ ~~HEATHROW FL 32746~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSOW, PATRICK 1608 ROCKDALE LP HEATHROW FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ~~KUBLAK, MICHAEL~~ ~~1617 ROCKDALE LP~~ ~~HEATHROW FL 32746~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, SYLVESTER 657 STONEFIELD LOOP HEATHROW FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED 2/23/2000 407-855-0518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #