2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004314

1. Entity Name
STONEBRIDGE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
206 ELM AVE. SANFORD, FL 32771 US	P O BOX 1465 SANFORD, FL 32772-1465 US

02162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

ALL ABOUT MANAGEMENT, INC.
206 ELM AVENUE
SANFORD, FL 32771

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000452582
03/13/06-80005-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CIPPARONE, PAUL
STREET ADDRESS	661 STONE FIELD LOOP
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	PD
NAME	LYLE, JOHN
STREET ADDRESS	660 STONEFIELD LP
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	D
NAME	RUSSOW, PATRICK
STREET ADDRESS	1608 ROCKDALE LP
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	T
NAME	JOHNSON, SYLVESTER
STREET ADDRESS	657 STONEFIELD LOOP
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/20/06 (407) 322-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #