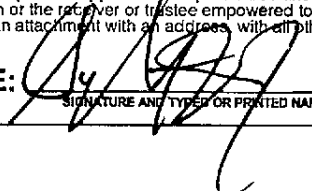


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N93000004314		
1. Entity Name STONEBRIDGE MAINTENANCE ASSOCIATION, INC.		
Principal Place of Business 206 ELM AVE. SANFORD, FL 32771 US		Mailing Address P O BOX 1465 SANFORD, FL 32772-1465 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALL ABOUT MANAGEMENT, INC. 206 ELM AVENUE SANFORD, FL 32771		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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		
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) 822-4446 Date Daytime Phone # 322-



02162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0471204	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

UN00000452582
03/13/06-80005-005 61.25