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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005193 (7)

1. Corporation Name

STONEBRIDGE HOMEOWNERS' ASSOCIATION OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

4445 HWY A1A
SUITE 150B
VERO BEACH FL 32963

4050 WESTMARK DR
DUBUQUE IA 52002
US

2. Principal Place of Business

2a. Mailing Address

21 4445 Hwy A1A

26 4445 Hwy A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 250

27 Suite 250

City & State

City & State

23 Vero Beach, FL

28 Vero Beach, FL

Zip

Country

24 32963

25 US

Zip

Country

29 32963

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MECHLING, CHARLES
4445 HWY A1A
SUITE 150B
VERO BEACH FL 32963

81 Name Ed Donner (Edwano D. Donner)
82 Street Address (P.O. Box Number is Not Acceptable) 4445 Hwy A1A
83 Suite 250
84 City Vero Beach FL 85 Zip Code 32963

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Edwano D. Donner

3/13/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DPST	<input type="checkbox"/> DELETE
NAME	BAUER, DAVID C	
STREET ADDRESS	4445 HWY A1A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MECHLING, CHARLES	
STREET ADDRESS	4445 HWY A1A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FELTES, GREGORY G	
STREET ADDRESS	4445 HWY A1A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAUER, DAVID C.	
1.3 STREET ADDRESS	4050 WESTMARK DRIVE	
1.4 CITY-ST-ZIP	DUBUQUE IA 52002	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BROWN, GREG	
2.3 STREET ADDRESS	360 53RD CIRCLE	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32968	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FELTES, GREGORY G.	
3.3 STREET ADDRESS	4050 WESTMARK DRIVE	
3.4 CITY-ST-ZIP	DUBUQUE IA 52002	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David C. Bauer* DAVID C. BAUER, PRESIDENT 3/11/98 319-589-1205

CR2E037 (10/97)