

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005193

1. Entity Name

STONEBRIDGE HOMEOWNERS' ASSOCIATION OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

925 7TH AVE
VERO BEACH FL 32960
US

Mailing Address

% VILLAGE PROPERTIES
P O BOX 651296
VERO BEACH FL 32965
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3281713

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

DONNER, EDWARD D.
4445 HIGHWAY A1A
SUITE 250
VERO BEACH FL 32963

Name Schlitt Property Mgmt
Street Address (P.O. Box Number is Not Acceptable)
2027 Indian River Blvd
City VERO Beach, FL FL Zip Code 32960

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

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

Edward D. Donner

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/02

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	PD BROWN, GREGORY T 360 53RD AVE VERO BEACH FL 32968	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CEGLIS, WILLIAM V 315 53 CIR. VERO BEACH FL 32968	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PISANI, PERRY 220 53RD CIRCLE VERO BEACH FL 32968	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TARR, LOUIS 5420 3RD MANOR VERO BEACH FL 32968	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PP Frank J. Sosta Jr</u> <u>595 53rd Circle</u> <u>VERO Beach, FL 329</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD</u> <u>William J. Rague</u> <u>590 53rd Circle</u> <u>VERO Beach, FL</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <u>Leon Essex</u> <u>300 53rd Circle</u> <u>VERO Beach, FL 329</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD</u> <u>Anthony M. Wood</u> <u>5250 3rd Manor</u> <u>VERO Beach, FL 329</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank J. Sosta Jr REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02

Date

772 562 3235

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE