2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N94000005193

Entity Name: STONEBRIDGE HOMEOWNERS' ASSOCIATION OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

KEYSTONE PROPERTY MGMT GROUP,INC
2001 9TH AVE #308
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

KEYSTONE PROPERTY MGMT GROUP,INC
2001 9TH AVE #308
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 59-3281713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, WILLIAM F
2001 9TH AVE #308
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STOCKMAN, DORIS
Address: 295 53RD CIRCLE
City-St-Zip: VERO BEACH, FL 32968

Title: VPD ( ) Delete
Name: MCSHEA, EDWARD
Address: 5180 3RD MANOR
City-St-Zip: VERO BEACH, FL 32968

Title: SD ( ) Delete
Name: CLARK, MARY
Address: 366 53RD CIRCLE
City-St-Zip: VERO BEACH, FL 32968

Title: D ( ) Delete
Name: WARWICK, WILLIAM
Address: 5020 3RD LANE
City-St-Zip: VERO BEACH, FL 32968

Title: TD ( ) Delete
Name: ERGERMIER, PAUL
Address: 290 53RD CIRCLE
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FISCHER, FELIX
Address: 305 53RD CIRCLE
City-St-Zip: VERO BEACH, FL 32968

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS STOCKMAN PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date