## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001300

RAYBURN, CHARLES

9864 BRIDGETON DR

TAMPA, FL 33626

Name:

Address: City-St-Zip:

Entity Name: STONEBRIDGE VILLAS ASSOCIATION, INC.

FILED Apr 08, 2008 Secretary of State

Current Principal Place of Business:  2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US  Current Mailing Address:				New Principal Place of Business:				
				2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US New Mailing Address:				
								2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US
FEI Number:	: 59-3427639	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certific	ate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:		Name and	Address o	f New Reg	gistered Agent:	
HART, JAMES W JR 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US				HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US				
	e named entity s e of Florida.	submits this statement for the p	ourpose o	f changing i	ts registere	d office or	registered agent, or bo	oth,
SIGNATUR	RE: JAMES W	/ HART JR				(	04/08/2008	
	Electron	ic Signature of Registered Age	ent				Date	_
OFFICER	S AND DIREC	TORS:		ADDITION	S/CHANGI	ES TO OF	FICERS AND DIRECT	rors
Title: Name: Address: City-St-Zip:	SD () SHELTON, BON 9833 BRIDGET TAMPA, FL 336	ON DR		Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	D () GROSS, PAT 9807 BRIDGET TAMPA, FL 330			Title: Name: Address: City-St-Zip:	VPD GROSS, PA 9807 BRIDG TAMPA, FL	T SETON DR	( ) Addition	
Title: Name: Address: City-St-Zip:	TD () LEHMANN, TIM 9811 BRIDGET TAMPA, FL 330	ON DR		Title: Name: Address: City-St-Zip:	TD BERNARD, 9842 BRIDG TAMPA, FL	RICHARD SETON DR	( ) Addition	
Title: Name: Address: City-St-Zip:	PD () MERCER, CYN 9809 BRIDGET TAMPA, FL 336	ON DR		Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title:	VPD ()	Delete		Title:	D	(X) Change	( ) Addition	

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.

Name:

Address:

City-St-Zip:

RAYBURN, CHARLES

9864 BRIDGETON DR

TAMPA, FL 33626

SIGNATURE: CYNTHIA MERCER PD 04/08/2008