

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001300

FILED  
Apr 09, 2010  
Secretary of State

**Entity Name:** STONEBRIDGE VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

**FEI Number:** 59-3427639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 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: D  
Name: IRVIN, SANDRA  
Address: 9825 BRIDGETON DR  
City-St-Zip: TAMPA, FL 33626

Title: VPD  
Name: MERCER, CYNDE  
Address: 9809 BRIDGETON DR  
City-St-Zip: TAMPA, FL 33626

Title: TD  
Name: CANNON, SUSAN  
Address: 9831 BRIDGETON DR  
City-St-Zip: TAMPA, FL 33626

Title: PD  
Name: KOZLOSKI, RAYMOND  
Address: 9837 BRIDGETON DR  
City-St-Zip: TAMPA, FL 33626

Title: SD  
Name: GLOWIAK, KIM  
Address: 9821 BRIDGETON DR  
City-St-Zip: TAMPA, FL 33626

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND KOZLOSKI

PD

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date