2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N96000003748

Entity Name: STONEBRIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

LIGHTHOUSE PROPERTY MGMT.
16 CHURCH STREET
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

LIGHTHOUSE PROPERTY MGMT.
16 CHURCH STREET
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-0686478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, JOHN
4840 FLAGSTONE DRIVE
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

KEITH, J. LLOYD
16 CHURCH STREET
OSPREY, FL 34229 US

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: J. LLOYD KEITH 05/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: PERRY, JOHN
Address: 4840 FLAGSTONE DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: PD ( ) Delete
Name: DUDAS, CAROLE
Address: 4811 FLAGSTONE DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: SD ( ) Delete
Name: DUDAS, KAL
Address: 4811 FLAGSTONE DR.
City-St-Zip: SARASOTA, FL 34238

Title: VP ( ) Delete
Name: MITCHELL, JAY
Address: 7432 RIDGE RD.
City-St-Zip: SARASOTA, FL 34238

Title: D ( ) Delete
Name: MURTHA, JOHN
Address: 7400 RIDGE ROAD
City-St-Zip: SARASOTA, FL 34238

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

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: CONNIE SALUTER MGR 05/06/2009
Electronic Signature of Signing Officer or Director Date