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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003875 (9)

1. Corporation Name
STONEBRIDGE HOMEOWNERS' ASSOCIATION OF BREVARD, INC.

Principal Place of Business	Mailing Address
840 BREVARD AVENUE ROCKLEDGE FL 32955	840 BREVARD AVENUE ROCKLEDGE FL 32955

3. Date Incorporated or Qualified: 07/22/1996

4. FEI Number: 59-3407007 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2310 STONEBRIDGE DR	26 2310 STONEBRIDGE DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Rockledge FLA	City & State 28 Rockledge FLA
Zip 24 32955 Country 25 USA	Zip 29 32955 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRICE, THOMAS J JR. 840 BREVARD AVENUE ROCKLEDGE FL 32955	81 Name CARA SCOTT 82 Street Address (P.O. Box Number is Not Acceptable) 2310 STONEBRIDGE DRIVE 83 84 City ROCKLEDGE FL 85 Zip Code 32955

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Cara Scott CARA Scott 2/19/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRICE, THOMAS J JR. 840 BREVARD AVENUE ROCKLEDGE FL 32955	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	(PRESIDENT) DLV CARA SCOTT 2310 STONEBRIDGE DRIVE ROCKLEDGE FLA. 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDST KNODEL, RAYMOND G 840 BREVARD AVENUE ROCKLEDGE FL 32955	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	GLEN ENLOW (V.P) WDLF 2300 STONEBRIDGE DRIVE ROCKLEDGE FL 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOMBARDI, LISA 1007 ROCKLEDGE DRIVE ROCKLEDGE FL 32955	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Valerie Mila (D) DLV 939 BROOKVIEW LN. ROCKLEDGE FLA. 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cara Scott CARA Scott 2/19/98 632-1915