2000 UNIFORM BUSINESS REPORT (UBR)

5/7

FILED
Jun 09, 2000 8:00 am
Secretary of State
05-07-2000 90014 019 ****61.25

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1. Entity Name

STONEBRIDGE HOMEOWNERS ASSOCIATION OF BREVARD,

Principal Place of Business	Mailing Address
2310 STONEBRIGE DR ROCKLEDGE FL 32955 US	2310 STONEBRIGE DR STE B ROCKLEDGE FL 32955 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, LARA 2310 STONEBRIDGE DR ROCKLEDGE FL 32955	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCOTT, LARA 2310 STONEBRIDGE DR ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PD THOMAS BUKER 2310 STONEBRIDGE DR ROCKLEDGE, FL 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST ENLOW, GLEN 2300 STONEBRIDGE DR ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President VPSTD Donna Deleo 2321 Stonebridge Dr Rockledge	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILA, VALERIE 939 BROOKVIEW LN ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec./Tres D Beth Harris 2311 Stonebridge Dr Rockledge FL 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR1 (R17 (9/99))

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. BUKER 4-24-2000 321-632-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #