2002 UNIFORM BUSINESS REPORT (UBR)

3/25

FILED
May 21, 2002 8:00 am
Secretary of State
03-29-2002 91425 006 ****61.25

DOCUMENT # N96000003875

1. Entity Name

STONEBRIDGE HOMEOWNERS' ASSOCIATION OF BREVARD, INC.

Principal Place of Business	Mailing Address
2311 STONEBRIGE DR ROCKLEDGE FL 32955 US	2311 STONEBRIGE DR ROCKLEDGE FL 32955 US

28209

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
HARRIS, BETH 2311 STONEBRIGE DR ROCKLEDGE FL 32955	Name RONNIE BRAUTIGAM Street Address (P.O. Box Number is Not Acceptable) 2351 STONEBRIDGE DR. City ROCKLEDGE FL Zip Code 32955

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 Ronnie Brautigam Elizabeth K Harris Feb 20, 02
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 HARRIS, BETH 2311 STONEBRIGE DR ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ronnie Brautigam 2341 Stonebridge Dr. Rockledge FL 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD DELEO, DONNA 2321 STONEBRIGE DR ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VSTD~~ ~~PD~~ T/S Beth Harris 2311 Stonebridge Dr. Rockledge FL 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDANIELS, CHRISTINE 2350 STONEBRIGE DR ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ VP/T ~~MCDANIELS~~ Barbara Matherne 2360 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

CR2E037 (9/01)

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: Elizabeth K. Harris Elizabeth K. Harris Feb 20, 02 3216384567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #