

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005928

**Entity Name:** STONEBRIDGE SUBDIVISION OF FLAGLER COUNTY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC8958295029**

**Current Principal Place of Business:**

411 S CENTRAL AVE  
B  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

P.O. BOX 474  
FLAGLER BEACH, FL 32136 US

**FEI Number: 57-1203655**

**Certificate of Status Desired: No**

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

JACKSON LAW GROUP, LL.M., P.A.  
1301 PLANTATION ISLAND DRIVE  
SUITE 304  
ST. AUGUSTINE, FL 32086 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MANN, MICHAEL  
Address        502 EMERALD DRIVE  
City-State-Zip: FLAGLER BEACH FL 32136

Title            SECRETARY  
Name            CARLL, ROB  
Address        406 JASPER DRIVE  
City-State-Zip: FLAGLER BEACH FL 32136

Title            TREASURER  
Name            PHILHOWER, GEORGE III  
Address        2314 STONEBRIDGE WAY  
City-State-Zip: FLAGLER BEACH FL 32136

*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: MICHAEL MANN**

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date