

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005324

1. Entity Name

BRAEBURN AT STONEBRIDGE CONDOMINIUM ASSOCIATION,

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90090 023 ****61.25

Principal Place of Business

Mailing Address

9809 NORTH AIRPORT ROAD
NAPLES FL 34109

7120 S BENEVA RD
SARASOTA FL 34238-2850
US

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

65-0786773

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

PESHKIN, JOHN R
TAYLOR WOODROW COMMUNITIES
7120 SOUTH BENEVA ROAD
SARASOTA FL 34230-2850

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 SCHWARTZ, DOUGLAS L 9809 NORTH AIRPORT ROAD NAPLES FL 34109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MIN, DAVID T 9809 NORTH AIRPORT ROAD NAPLES FL 34109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REED, PHYLLIS 9809 NORTH AIRPORT ROAD NAPLES FL 34109	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, PHYLLIS 9809 NORTH AIRPORT ROAD NAPLES FL 34109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROHMAN, DANIEL 9809 NORTH AIRPORT ROAD NAPLES FL 34109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frohman, Daniel	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)