

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90169 009 ****61.25

DOCUMENT # N97000005324

1. Entity Name

BRAEBURN AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**9809 NORTH AIRPORT ROAD
 NAPLES FL 34109**

Mailing Address

**8430 ENTERPRISE CIRCLE, SUITE 100
 BRADENTON FL 34202
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1044 Castello Dr. #206

City & State

Zip

Country

City & State
Naples, FL

Zip
34103

Country
USA

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

**PESHKIN, JOHN R
 8430 ENTERPRISE CIRCLE, SUITE 100
 BRADENTON FL 34202**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, DOUGLAS L	
STREET ADDRESS	9809 NORTH AIRPORT ROAD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	IVIN, DAVID T	
STREET ADDRESS	9809 NORTH AIRPORT ROAD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	S	<input type="checkbox"/> Delete
NAME	REED, PHYLLIS	
STREET ADDRESS	9809 NORTH AIRPORT ROAD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FROHMAN, DANIEL	
STREET ADDRESS	9809 NORTH AIRPORT ROAD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP/SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Feijoo	
STREET ADDRESS	1620 Winding Oaks Way #102	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Synnot	
STREET ADDRESS	1630 Winding Oaks Way #101	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Marie Keller	
STREET ADDRESS	1510 Winding Oaks Way #102	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Kessler	
STREET ADDRESS	1685 Winding Oaks Way #203	
CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

Daytime Phone #

80078592



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)