FILED
Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 91870 014 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55046184

DOCUMENT # N97000005324

1. Entity Name

BRAEBURN AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
9809 NORTH AIRPORT ROAD NAPLES FL 34109	1044 CASTELLO DR. #206 NAPLES FL 34103 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 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON FL 34202	Name: Southwest Property Management Corp. Street Address (P.O. Box Number is Not Acceptable): 1044 Castello Dr. #206 City: Naples, FL Zip Code: 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Russell Williams, Russell Williams, manager
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 Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD FELJOO, JAMES 1620 WINDING OAKS WAY #102 NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SYNNOT, WILLIAM 1630 WINDING OAKS WAY #101 NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLER, LYNN M 1570 WINDING OAKS WAY #102 NAPLES FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Werling, Bill 1665 Windingoaks Way, # 103 Naples, FL 34109 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FROHMAN, DANIEL 9809 NORTH AIRPORT ROAD NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD frohman, Daniel 1680 Winding Oaks Way # 201 Naples, FL 34109 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KESSLER, RONALD 1685 WINDING OAKS WAY #203 NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kessler, Ronald ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Russell Williams REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #