

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90343 049 ****61.25

DOCUMENT # N04000011011					
1. Entity Name PARK AT STONEBRIAR CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 2573 BARRINGTON CIR TALLAHASSEE, FL 32308			Mailing Address C/O CAROL TRESPOTT 1700 N MONROE ST, STE 11-288 TALLAHASSEE, FL 32303		
2. Principal Place of Business 1325 Stone Rd Suite, Apt. #, etc.		3. Mailing Address 1325 Stone Rd Unit 501 Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 20-3148536	
Zip 32303		Country Leon		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, DIXIE 2573 BARRINGTON CIRCLE TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name: Brandon R. Burg Street Address (P.O. Box Number is Not Acceptable): 1325 Stone Rd Unit 501 City: Tallahassee FL Zip Code: 32303		
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: Brandon R. Burg 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME RUSSELL, DIXIE STREET ADDRESS 2573 BARRINGTON CIRCLE CITY-ST-ZIP TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE PD NAME TSUNG LIN STREET ADDRESS PO BOX 345 CITY-ST-ZIP TALLAHASSEE FL 32302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME JARRETT, JAMES STREET ADDRESS 3025 NATHAN LN CITY-ST-ZIP TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE SD NAME BURG, BRANDON STREET ADDRESS 1325 STONE RD UNIT 501 CITY-ST-ZIP TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME MATHIS, NORMA STREET ADDRESS 8086 RONS POINTE CT CITY-ST-ZIP TALLAHASSEE, FL 32306	<input type="checkbox"/> Delete		TITLE TD NAME CONNOR, LARIN STREET ADDRESS 1325 STONE RD UNIT CITY-ST-ZIP TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Brandon R. Burg 4/26/06 850-527-4013 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					