


**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 TRESKOTT  
 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.

04152006 Chg-NP CR2E037 (11/05)

City & State  
**Tallahassee FL**

City & State  
**Tallahassee FL**

4. FEI Number  
**20-3148536**

Applied For  
 Not Applicable

Zip  
**32303**

Country  
**Leon**

Zip  
**32303**

Country  
**Leon**

5. Certificate of Status Desired  **\$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**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, DIXIE 2573 BARRINGTON CIRCLE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JARRETT, JAMES 3025 NATHAN LN TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATHIS, NORMA 8086 RONS POINTE CT TALLAHASSEE, FL 32306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TSUNG LIN PO BOX 345 TALLAHASSEE FL 32302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURG, BRANDON 1325 STONE RD UNIT 501 TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONNOR, LARIN 1325 STONE RD UNIT TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #