

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011011

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: PARK AT STONEBRIAR CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

933 PARKVIEW DR  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 345  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 20-3148536      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOGGESS, MICHAEL  
933 PARKVIEW DR  
TALLAHASSEE, FL 32311      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TSUNG, LIN  
Address: P.O. BOX 345  
City-St-Zip: TALLAHASSEE, FL 32302

Title: SD ( ) Delete  
Name: BURG, BRANDON  
Address: 1325 STONE RD. UNIT 501  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete  
Name: CONNOR, LARIN  
Address: 1325 STONE ROAD UNIT 501  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BURG, JERRY  
Address: 1325 STONE RD. UNIT 501  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD (X) Change ( ) Addition  
Name: HARDY, PATRICK  
Address: 1325 STONE ROAD UNIT 304  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TSUNG LIN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PD

04/28/2008

\_\_\_\_\_ Date