FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -4 AM 10: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47808 (3)

1. Corporation Name

STONEBRIDGE COUNTRY CLUB COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9809 AIRPORT PULLING ROAD N. NAPLES FL 33942	9809 AIRPORT PULLING ROAD N. NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/10/1992	10/05/1994

4. FEI Number: 65-0353668 — Applied For / Not Applicable

2. Principal Place of Business / Mailing Address

	Principal Place of Business		Mailing Address
21	2100 WINDING OAKS WAY	26	7120 S. BENEVA ROAD
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: NAPLES, FL	28	City & State: SARASOTA, FL
24	Zip: 33942	29	Zip: 34238
25	Country: U.S.	30	Country: U.S.

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PESHKIN, JOHN R
7120 BENEVA ROAD
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	7120 S. BENEVA ROAD
83	
84 City	FL — 85 Zip Code 34238

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PRESIDENT (P)(D)	☒ Change ☐ Addition
NAME	~~LIEBERFARB, STANLEY J.~~	1.2 NAME	DAVID T. IVIN	
STREET ADDRESS	~~801 - 12TH AVENUE SOUTH~~	1.3 STREET ADDRESS	5556 SHADOW LAWN DRIVE	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	2.1 TITLE	VICE PRESIDENT (V)(D)	☒ Change ☐ Addition
NAME	~~VRCKOVNIK, MILAN~~	2.2 NAME	R. STEPHEN PATE	
STREET ADDRESS	~~801 - 12TH AVENUE SOUTH~~	2.3 STREET ADDRESS	2638 FOUNTAIN VIEW CIRCLE #103	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	D	3.1 TITLE	SECRETARY (S)(D)	☒ Change ☐ Addition
NAME	~~STERLING, JACK~~	3.2 NAME	JAMES P. HARVEY	
STREET ADDRESS	~~9809 AIRPORT PULLING ROAD N.~~	3.3 STREET ADDRESS	6179 GREEN BLVD.	
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP	NAPLES, FL 33999	
TITLE		4.1 TITLE	TREASURER (T)(D)	☒ Change ☐ Addition
NAME		4.2 NAME	KATHY B. CLAYTON	
STREET ADDRESS		4.3 STREET ADDRESS	4521 HIGHLAND OAKS CIRCLE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID T. IVIN — 3/22/95 — 813 927 0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000040