2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State
03-20-2002 90053 019 ****61.25

0065348

DOCUMENT # N47808

1. Entity Name

STONEBRIDGE COUNTRY CLUB COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2100 WINDING OAK WAY NAPLES FL 34109 US	~~8490 ENTERPRISE CIRCLE, SUITE 100~~ ~~BRADENTON FL 34202~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 WINDING OAKS WAY	2100 WINDING OAKS WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FLORIDA	City & State
Zip: 34109 Country: USA	Zip Country

4. FEI Number 65-0353668 ☐ 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~~ ~~8490 ENTERPRISE CIRCLE, SUITE 100~~ ~~BRADENTON FL 34202~~ (has already been changed)	Name: STEVEN M. FALK ESQ. Street Address (P.O. Box Number is Not Acceptable): 850 PARK SHORE DRIVE, 3RD FLOOR 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.

SIGNATURE _____ 3/4/02
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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS IVIN, DAVID T. 7120 S BENEVA RD SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT (P/D) WALTER HALANDER 2100 WINDING OAKS WAY NAPLES, FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHWARTZ, DOUGLAS L 9809 N AIRPORT RD NAPLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE - PRESIDENT (VD) SAM ALEX 2100 WINDING OAKS WAY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOSER, MICHAEL J 9809 AIRPORT RD. NAPLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER (TD) ROBERT FAGLIARONE 2100 WINDING OAKS WAY NAPLES FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY (S) SANDY CANNON 2100 WINDING OAKS WAY NAPLES, FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED _____ 3-7-02 (941)-594-8850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #