

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90034 042 ****61.25

DOCUMENT # N47808 1. Entity Name STONEBRIDGE COUNTRY CLUB COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 2100 WINDING OAKS WAY NAPLES, FL 34109 US				Mailing Address 2100 WINDING OAKS WAY NAPLES, FL 34109 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0353668	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADAMS, JOSEPH E ESQ. C/O BECKER & POLIAKOFF, PA 14241 METROPOLIS AVE., STE. 100 FORT MYERS, FL 33912				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ 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, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	REUSS, CAROL		NAME	PD James Hole	
STREET ADDRESS	2100 WINDING OAKS WAY		STREET ADDRESS	2100 Winding Oaks Way	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	Naples FL 34109	
TITLE	PD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	BROOKS, THOMAS		NAME	VO Richard Hendricks	
STREET ADDRESS	2100 WINDING OAKS WAY		STREET ADDRESS	2100 Winding Oaks Way	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	Naples FL 34109	
TITLE	VD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	SAM, ALEX		NAME	TD James Goett	
STREET ADDRESS	2100 WINDING OAKS WAY		STREET ADDRESS	2100 Winding Oaks Way	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	Naples FL 34109	
TITLE	TD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALEX, SAMUEL		NAME		
STREET ADDRESS	2100 WINDING OAKS WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>James M. Goett</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 3/21/05 Daytime Phone # 239-594-5200		