2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N47808

Entity Name: STONEBRIDGE COUNTRY CLUB COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2100 WINDING OAKS WAY
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

2100 WINDING OAKS WAY
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0353668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
ATTN: JOSEPH ADAMS
999 VANDERBILT BEACH RD. SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P.A.
999 VANDERBILT BEACH ROAD
SUITE 501
NAPLES, FL 34108 US

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: JOSEPH E. ADAMS 04/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: WERLING, WILLIAM
Address: 2100 WINDING OAKS WAY
City-St-Zip: NAPLES, FL 34109

Title: P ( ) Delete
Name: FALCONE, VINCENT
Address: 2100 WINDING OAKS WAY
City-St-Zip: NAPLES, FL 34109

Title: SD ( ) Delete
Name: RYDER, SUSAN
Address: 2100 WINDING OAKS WAY
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete
Name: LYNCH, THOMAS
Address: 2100 WINDING OAKS WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: LYNCH, THOMAS
Address: 2100 WINDING OAKS WAY
City-St-Zip: NAPLES, FL 34109

Title: SD (X) Change ( ) Addition
Name: FERN, DONALD
Address: 2100 WINDING OAKS WAY
City-St-Zip: NAPLES, FL 34109

Title: VPD (X) Change ( ) Addition
Name: JOBLONSKI, ROSALIE
Address: 2100 WINDING OAKS WAY
City-St-Zip: NAPLES, FL 34109

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: DONALD G. FERN SEC 04/09/2009
Electronic Signature of Signing Officer or Director Date