

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90751 039 ****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~~
2100 WINDING OAKS WAY
NAPLES FL 34109
US



2. Principal Place of Business

3. Mailing Address

2100 WINDING OAKS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0353668**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEVEN, FALK ESQ.
850 PARK SHORE DRIVE, 3RD FLOOR
NAPLES FL 34103**

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	S SANDY, CANNON 2100 WINDING OAKS WAY NAPLES FL 34109 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTER, HALANDER 2100 WINDING OAKS WAY NAPLES FL 34109 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAM, ALEX 2100 WINDING OAKS WAY NAPLES FL 34109 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT, FAGLIARONE 2100 WINDING OAKS WAY NAPLES FL 34109 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL REUSS 2100 WINDING OAKS WAY NAPLES, FL 34109 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, BROOKS 2100 WINDING OAKS WAY NAPLES, FL 34109 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT FAGLIARONE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: **SAMUEL J. ALEX**

3/28/03 (239) 594-5200

CR2E037 (10/02)