## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001211

FILED Jan 10, 2006 Secretary of State

Entity Name: RUBY AT SUNSTONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

BANK AMERICA CENTER C/O NEWELL PROPERTY MANAGEMENT

4501 TAMIAMI TRL N. 300 5435 JAEGER ROAD #4
NAPLES, FL 34103 US NAPLES, FL 34109 US

Current Mailing Address: New Mailing Address:

BANK AMERICA CENTER C/O NEWELL PROPERTY MANAGEMENT

4501 TAMIAMI TRL N. 300 5435 JAEGER ROAD #4
NAPLES, FL 34103 US NAPLES, FL 34109 US

FEI Number: 65-0602013 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STOCK COMMUNITY SERVICES, LLC

BANK AMERICA CENTER

4501 TAMIAMI TRAIL N. STE. 300

NAPLES, FL 34103 US

NEWELL, WILLIAM A

C/O NEWELL PROPERTY MANAGEMENT

5435 JAEGER ROAD #4

NAPLES, FL 34109 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: WILLIAM A NEWELL, AGENT 01/10/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MURRAY, ROBERT P Name: MURRAY, ROBERT P

 Address:
 9087 MICHAL CIR. #1
 Address:
 9087 MICHAL CIR. #1

 City-St-Zip:
 NAPLES, FL 341131621
 City-St-Zip:
 NAPLES, FL 34113

Title: DST ( ) Delete Title: STD (X) Change ( ) Addition Name: STRAH, PATRICIA Name: STRAH, PATRICIA

 Name:
 STRAH, PATRICIA

 Address:
 9022 MICHAEL CIR. #2
 Address:
 9022 MICHAEL CIR. #2

 City-St-Zip:
 NAPLES, FL 34113
 City-St-Zip:
 NAPLES, FL 34113

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHWAB, GERALDINE
 Name:

 Address:
 9035 MICHAEL CR #4
 Address:

 City-St-Zip:
 NAPLES, FL 34113
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT MURRAY PD 01/10/2006