2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED

Mar 14, 2006 8:00 am Secretary of State

DOCUMENT # N95000001726

1. Entity Name



03-14-2006 90028 039 ****61.25

	BURG AT STONEBRIDGE (ATION, INC.	CONDOMINIUM							
Principal Place of Business 3050 N. HORSESHOE DR, #712 NAPLES, FL 34104 US Mailing Address 3050 N. HORSESHOE DR, # NAPLES, FL 34104 US NAPLES, FL 34104 US						RJ 83143 #884J 8841J 8871J	20: 10:0:	Pit 18812 11413 61	
Principal Place of Business 3. M		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02022006 _C	Chg-NP	CR2E03	37 (11/05)	
		City & State			1. FEI Number 65-05967	97			oplied For ot Applicable
Zip	Country	Zip	Country		6. Certificate of S			\$8.75 Address Require	
	6. Name and Address of Current	Registered Agent	Name	7	. Name and Ad	dress of New Re	egistered /	Agent	
HERRICK, ROBERT 2115 ABERDEEN LN #103				ddress (P.C). Box Number is	Not Acceptable))		
NAPLES, FL 34109						. ,			
			City				FL	Zip Cod	le
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or	registered	agent, or both, in	n the State of Flor	rida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title il applicable. (NOTE: F	Registered Agent signatu	ore required who	en reinstating)		DATE		<u></u>
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.						
	-			□ \$:	5.00 May Be ided to Fees			k payable t tment of S	
10.	-	Trust Fund Co		⊔ Ac	ided to Fees		da Depar	tment of S	tate
10. TITLE NAME	Due by May 1, 2006	Trust Fund Co	ntribution.	⊔ Ac	ided to Fees	Florie	da Depar	tment of S	tate
TITLE	Due by May 1, 2006 OFFICERS AND DIE D CURRAN, ROBERT 2055 ABERDEEN LANE #202	Trust Fund Co	ntribution. 11. TITLE	⊔ Ac	ided to Fees	Florie	da Depar	RECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006 OFFICERS AND DIF CURRAN, ROBERT 2055 ABERDEEN LANE #202 NAPLES, FL 34109 D	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	L Ac	dded to Fees	Florio	da Depar	Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006 OFFICERS AND DIF D CURRAN, ROBERT 2055 ABERDEEN LANE #202 NAPLES, FL 34109	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	L Ac	dded to Fees	Florio	da Depar	trnent of S RECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2006 OFFICERS AND DIF CURRAN, ROBERT 2055 ABERDEEN LANE #202 NAPLES, FL 34109 D HENDERSON, RONALD B 2080 ABERDEEN LANE, #102 NAPLES, FL 34109	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	L Ac	dded to Fees	Florio	da Depar	Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006 OFFICERS AND DIF CURRAN, ROBERT 2055 ABERDEEN LANE #202 NAPLES, FL 34109 D HENDERSON, RONALD B 2080 ABERDEEN LANE, #102 NAPLES, FL 34109 VD	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	L Ac	dded to Fees	Florie	da Depar	Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DIF CURRAN, ROBERT 2055 ABERDEEN LANE #202 NAPLES, FL 34109 D HENDERSON, RONALD B 2080 ABERDEEN LANE, #102 NAPLES, FL 34109 VD ELSON, DAVE 2115 ABERDEEN LN #200	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	L Ac	dded to Fees	Florio	da Depar	Triment of S RECTORS IN Change Change	N 10 Addition Addition Addition
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR