


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90047 010 \*\*\*\*61.25

<b>DOCUMENT # N95000001726</b>	
1. Entity Name <b>MIDDLEBURG AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>3050 N. HORSESHOE DR, #712 NAPLES, FL 34104 US</b>	Mailing Address <b>3050 N. HORSESHOE DR, #712 NAPLES, FL 34104 US</b>
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**60054541**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07052007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0596797</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HERRICK, ROBERT 2115 ABERDEEN LN #103 NAPLES, FL 34109</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *Robert Herrick* 7/16/07  
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 September 14, 2007**

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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CURRAN, ROBERT 2055 ABERDEEN LANE #202 NAPLES, FL 34109</b> <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HENDERSON, RONALD 2080 ABERDEEN LANE, #102 NAPLES, FL 34109</b> <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD ELSON, DAVE 2115 ABERDEEN LN #200 NAPLES, FL 34109</b> <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD INKEL, REBECCA 2115 ABERDEEN LANE #201 NAPLES, FL 34109</b> <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HERRICK, ROBERT 2115 ABERDEEN LN, # 203 NAPLES, FL 34109</b> <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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: *Robert Herrick Pres* 7/16/07 2394224006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #