

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90072 015 \*\*\*\*61.25

**DOCUMENT # N95000001726**

1. Entity Name

MIDDLEBURG AT STONEBRIDGE CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

3050 N. HORSESHOE DR, #712  
NAPLES, FL 34104 US

Mailing Address

3050 N. HORSESHOE DR, #712  
NAPLES, FL 34104 US

40032433



02182008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0596797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERRICK, ROBERT  
2115 ABERDEEN LN #103  
NAPLES, FL 34109

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CURRAN, ROBERT  
STREET ADDRESS 2055 ABERDEEN LANE #202  
CITY-ST-ZIP NAPLES, FL 34109

TITLE D  
NAME HENDERSON, RONALD  
STREET ADDRESS 2080 ABERDEEN LANE, #102  
CITY-ST-ZIP NAPLES, FL 34109

TITLE VD  
NAME ELSON, DAVE  
STREET ADDRESS 2115 ABERDEEN LN #200  
CITY-ST-ZIP NAPLES, FL 34109

TITLE STD  
NAME MCLEAN, GORDON  
STREET ADDRESS 2095 ABERDEEN LANE  
CITY-ST-ZIP NAPLES, FL 34109

TITLE P  
NAME HERRICK, ROBERT  
STREET ADDRESS 2115 ABERDEEN LN, # 203  
CITY-ST-ZIP NAPLES, FL 34109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08  
Date

239 403 4006  
Daytime Phone #