2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N95000001726

Entity Name: MIDDLEBURG AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0596797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CURRAN, ROBERT
Address: 2055 ABERDEEN LANE #202
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: HENDERSON, RONALD
Address: 2080 ABERDEEN LANE, #102
City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete
Name: ELSON, DAVE
Address: 2115 ABERDEEN LN #200
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete
Name: MCLEAN, GORDON
Address: 2095 ABERDEEN LANE
City-St-Zip: NAPLES, FL 34109

Title: P ( ) Delete
Name: HERRICK, ROBERT
Address: 2115 ABERDEEN LN, # 203
City-St-Zip: NAPLES, FL 34109

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: CARDWELL, RICHARD
Address: 2150 ABERDEEN LANE #103
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify 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 HERRICK PD 03/19/2009

Electronic Signature of Signing Officer or Director — Date