


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90233 007 ****61.25

DOCUMENT # N95000001729 1. Entity Name HEATHERWOOD AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 US		Mailing Address C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 US	
2. Principal Place of Business - No P.O. Box # 1719 TRADE CENTER WAY #4 Suite, Apt. #, etc. #4 City & State NAPLES, FL Zip 34109 Country US		3. Mailing Address P.O. Box 8478 Suite, Apt. #, etc. City & State NAPLES, FL Zip 34101-8478 Country US	
4. FEI Number 65-0596801		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104		7. Name and Address of New Registered Agent Name: NANCY WINKLER Street Address: SANDCASTLE COMMUNITY MANAGEMENT, INC. 1719 TRADE CENTER WAY #4 City: NAPLES FL Zip Code: 34109	
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: <i>Nancy Winkler</i> Signature, typed or printed name of registered agent and title if applicable.		NANCY WINKLER (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME HAMILTON, KEITH STREET ADDRESS 2275 HARMONY LANE #201 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE PD NAME CHARLES LAPIER STREET ADDRESS 2265 HARMONY LANE, #204 CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME PHILLIPS, RICHARD STREET ADDRESS 2215 CHESTERBROOK CT. #201 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME RICH MARKEL STREET ADDRESS 2220 CHESTERBROOK CT, #103 CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME FALCONE, JUNE STREET ADDRESS 2230 CHESTERBROOK CT. #104 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE VP NAME DIANNE LAPIER STREET ADDRESS 2265 HARMONY LANE, #204 CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME SMITH, RUSSELL STREET ADDRESS 2230 CHESTERBROOKS #203 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE VP NAME NAN DINGENS STREET ADDRESS 2235 CHESTERBROOK CT, #104 CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME DECASTRO, RICHARD STREET ADDRESS 2285 HARMONY LANE #104 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/4/07 239-596-7200 Date Daytime Phone #	