


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**

3. Mailing Address
P.O. Box 8478
 Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34109

Country
US

Zip
34101-8478

Country
US

03222007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0596801

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 (Post Office Box Number is NOT Acceptable)
**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 *Nancy Winkler* **NANCY WINKLER** **4/4/07**
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 May 1, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, KEITH 2275 HARMONY LANE #201 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PHILLIPS, RICHARD 2215 CHESTERBROOK CT. #201 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCONE, JUNE 2230 CHESTERBROOK CT. #104 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RUSSELL 2230 CHESTERBROOKS #203 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DECASTRO, RICHARD 2285 HARMONY LANE #104 NAPLES, FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLES LAPIER 2265 HARMONY LANE, #204 NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICH MARKEL 2220 CHESTERBROOK CT, #103 NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIANNE LAPIER 2265 HARMONY LANE, #204 NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAN DINGENS 2235 CHESTERBROOK CT, #104 NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *[Signature]* **4/4/07** **239-596-7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #