

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001729

FILED
Mar 23, 2011
Secretary of State

Entity Name: HEATHERWOOD AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1719 TRADE CENTER WAY
#4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

1719 TRADE CENTER WAY
#4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0596801 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAS, BRAD
SANDCASTLE COMMUNITY MANAGEMENT, INC
1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

VINDELL, OLGA
SANDCASTLE COMMUNITY MANAGEMENT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

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: OLGA VINDELL

03/23/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SMITH, RUSSELL
Address: 1719 TRADE CENTER WAY #4
City-St-Zip: NAPLES, FL 34109

Title: VPD
Name: CLARK, GERALD
Address: 1719 TRADE CENTER WAY #4
City-St-Zip: NAPLES, FL 34109

Title: VPD
Name: RILEY, RALPH
Address: 1719 TRADE CENTER WAY #4
City-St-Zip: NAPLES, FL 34109

Title: VPSD
Name: DINGENS, NAN
Address: 1719 TRADE CENTER WAY #4
City-St-Zip: NAPLES, FL 34109

Title: VPTD
Name: HENRY, ROBERT
Address: 1719 TRADE CENTER WAY #4
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: ROBERT HENRY

VPTD

03/23/2011

Electronic Signature of Signing Officer or Director

Date