2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002330

FILED Mar 05, 2009 Secretary of State

Entity Name: CARRINGTON AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1719 TRADE CENTERWAY 1719 TRADE CENTER WAY

NAPLES, FL 34109 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

P.O. BOX 8478

NAPLES, FL 341018478

FEI Number: 65-0664402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WINKLER, NANCY SANCASTLE 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete PREVOLOS, DEAN PREVOLOS, DEAN Name: Name:

2280 CARRINGTON CT #202 Address: 2280 CARRINGTON CT #202 Address:

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: PTD () Delete Title: SD (X) Change () Addition

BRAY, ROGER Name: BRAY, ROGER Name:

Address: 2395 HARMONY LANE, #104 Address: 2395 HARMONY LANE, #104

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: PD (X) Change () Addition BRONCATO, JAKE BRONCATO, JACOB Name: Name:

2405 HARMONY LANE #204 2405 HARMONY LANE #204 Address: Address:

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: D (X) Change () Addition

Name: SCOTT, PETER Name: SCOTT, PETER 2325 CARRINGTON CRT 201 2325 CARRINGTON CT #201 Address: Address:

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: (X) Change () Addition

WHITMAN, BILL WHITMAN, BILL Name: Name:

2385 HARMONY LANE #104 2385 HARMONY LANE #104 Address: Address: NAPLES, FL 34109 NAPLES, FL 34109 City-St-Zip: City-St-Zip:

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: JACOB BRONCATO PD 03/05/2009