

2000 UNIFORM BUSINESS REPORT (UBR)

2.

DOCUMENT # N97000002724

1. Entity Name

ASHTON OAKS AT STONEBRIDGE CONDOMINIUM ASSOCIATI

FILED
May 09, 2000 8:00 am
Secretary of State

02-29-2000 90126 006 ****61.25

Principal Place of Business

Mailing Address

1640 BOLDEN GATE PKWY
 STE 114
 NAPLES FL 34105

2640 GOLDEN GATE PKWY
 STE 114
 NAPLES FL 34106-3200

2. Principal Place of Business

2640 GOLDEN GATE PKWY

3. Mailing Address

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

City & State

Naples FL

City & State

4. FEI Number

65-0756991

Applied For

Not Applicable

Zip **34105-3200**

Country **Collier**

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ALEX, MR. SAMUEL
2288 ASHTON OAKS LN.
STE 203
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE: *Samuel Jones*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALEX, SAMUEL	
STREET ADDRESS	2288 ASHTON OAKS LN. - #203	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VPS - D	<input type="checkbox"/> Delete
NAME	HENDRICKS, RICHARD	
STREET ADDRESS	2304 ASHTON OAKS LN-#202	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLIO, NANCY	
STREET ADDRESS	10236 SIOUX RD.	
CITY-ST-ZIP	RICHMOND VA 23235	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, ARTHUR	
STREET ADDRESS	9809 NORTH AIRPORT ROAD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Samuel Jones*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/99)