

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90018 032 \*\*\*\*61.25

0072008

**DOCUMENT # N97000002724**

1. Entity Name  
**ASHTON OAKS AT STONEBRIDGE CONDOMINIUM ASSOCIATI**

Principal Place of Business <b>2640 GOLDEN GATE PKWY          STE 114          NAPLES FL 34105</b>	Mailing Address <b>2640 GOLDEN GATE PKWY          STE 114          NAPLES FL 34105</b>
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2. Principal Place of Business <b>2685 Horseshoe Dr. S. # 215</b> Suite, Apt. #, etc. <b>215</b>	3. Mailing Address <b>2685 Horseshoe Dr. S. # 215</b> Suite, Apt. #, etc.
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City & State <b>Naples FL</b>	City & State <b>Naples FL</b>	4. FEI Number <b>65-0756991</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34104</b>	Country <b>USA</b>	Zip <b>34104</b>	Country <b>USA</b>



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 J. Alex* - **SAMUEL J. ALEX** **2/5/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ALEX, SAMUEL 2288 ASHTON OAKS LN. - #203 NAPLES FL 34109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS HENDRICKS, RICHARD 2304 ASHTON OAKS LN-#202 NAPLES FL 34109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOLIO, NANCY 10236 SIOUX RD. RICHMOND VA 23235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUBIN, ARTHUR 9809 NORTH AIRPORT ROAD NAPLES FL 34109</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	<b>D JOHN T. BARRY 2240 ASHTON OAKS LN #101 NAPLES, FL 34109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DANIEL MCKEON 2240 ASHTON OAKS LN #103 NAPLES FL 34109</b>	<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
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 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 J. Alex* **SAMUEL J. ALEX** **2/5/01** **941-581-3206**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)