

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90202 002 \*\*\*\*61.25

**DOCUMENT # N97000002724**

1. Entity Name

**ASHTON OAKS AT STONEBRIDGE CONDOMINIUM ASSOCIATI  
 ON, INC.**

Principal Place of Business

Mailing Address

2685 HORSESHOE DR S #215  
 NAPLES FL 34105

2685 HORSESHOE DR S #215  
 NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0756991

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/09/02

**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  Delete  
 NAME ALEX, SAMUEL  
 STREET ADDRESS 2288 ASHTON OAKS LN. - #203  
 CITY-ST-ZIP NAPLES FL 34109

TITLE D  Change  Addition  
 NAME DANIEL MCKEAN  
 STREET ADDRESS 2304 ASHTON OAKS LN #101  
 CITY-ST-ZIP NAPLES, FL 34109

TITLE VPS  Delete  
 NAME HENDRICKS, RICHARD  
 STREET ADDRESS 2304 ASHTON OAKS LN-#202  
 CITY-ST-ZIP NAPLES FL 34109

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME BOLIO, NANCY  
 STREET ADDRESS 10236 SIOUX RD.  
 CITY-ST-ZIP RICHMOND VA 23235

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME BARRY, JOHN T  
 STREET ADDRESS 2240 ASHTON OAKS LN #101  
 CITY-ST-ZIP NAPLES FL 34109

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME MCKEAN, DANIEL  
 STREET ADDRESS 2240 ASHTON OAKS LN #103  
 CITY-ST-ZIP NAPLES FL 34109

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 J Alex*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/02

Date

841-591-3206

Daytime Phone #

CR2E037 (9/01)