


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90559 038 \*\*\*\*61.25

<b>DOCUMENT # N97000002724</b>				
1. Entity Name ASHTON OAKS AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business P.O. BOX 8478 NAPLES, FL 34101-8478		Mailing Address P.O. BOX 8478 NAPLES, FL 34101-8478		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
ALES, 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
				<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKS, RICHARD		NAME	
STREET ADDRESS	2304 ASHTON OAKS LN #202		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, JOHN T		NAME	
STREET ADDRESS	2240 ASHTON OAKS LN #101		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX, SAMUEL		NAME	
STREET ADDRESS	2288 ASHTON OAKS LN #203		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, DAINEL		NAME	
STREET ADDRESS	2304 ASHTON OAKS LN #101		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISTOCCHI, AL		NAME	
STREET ADDRESS	2280 ASHTON OAKS LN #101		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: <i>Samuel J. Alex, Director</i>			4/14/05 (239) 591-3206	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #	



03022005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0756991 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required