



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90250 004 \*\*\*\*61.25

DOCUMENT # N97000002724					
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		<p style="text-align: center; font-size: 24pt;"><b>50018697</b></p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0756991	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRICKS, RICHARD		NAME	William Lane	
STREET ADDRESS	2304 ASHTON OAKS LN #202		STREET ADDRESS	2272 Ashton Oaks Lane #102	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	Naples, FL 34109	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY, JOHN T		NAME	Thomas Round	
STREET ADDRESS	2240 ASHTON OAKS LN #101		STREET ADDRESS	2256 Ashton Oaks Lane #103	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	Naples, FL 34109	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLEAN, DAINEL		NAME	Anthony Busa	
STREET ADDRESS	2304 ASHTON OAKS LN #101		STREET ADDRESS	2248 Ashton Oaks Lane #203	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	Naples, FL 34109	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" 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 exemptions contained 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 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 Alex</i>			Date: 4/20/06 739-596-7200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		