

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002724

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: ASHTON OAKS AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

C/O R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 65-0756991      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: ROWND, THOMAS  
Address: 2256 ASHTON OAKS LANE #103  
City-St-Zip: NAPLES, FL 34109

Title: D      ( ) Delete  
Name: DILLON, GEORGE  
Address: 2240 ASHTON OAKS LANE #203  
City-St-Zip: NAPLES, FL 34109

Title: PD      ( ) Delete  
Name: BARRY, JOHN  
Address: 2240 ASHTON OAKS LANE #101  
City-St-Zip: NAPLES, FL 34109

Title: VPD      ( ) Delete  
Name: BUSA, ANTHONY  
Address: 2248 ASHTON OAKS LN #203  
City-St-Zip: NAPLES, FL 34109

Title: SD      ( ) Delete  
Name: LANE, WILLIAM  
Address: 2272 ASHTON OAKS LANE #102  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD      (X) Change ( ) Addition  
Name: PISTOCHI, AL  
Address: 2280 ASHTON OAKS LANE #101  
City-St-Zip: NAPLES, FL 34109

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AL PISTOCHI

PD

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date