2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002724

FILED Apr 16, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104 **New Mailing Address: Current Mailing Address:** C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104 FEI Number: 65-0756991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROWND, THOMAS Name: Name: 2256 ASHTON OAKS LANE #103 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: () Delete Title: (X) Change () Addition DILLON, GEORGE Name: PUNTIL, RONALD Name: Address: 2240 ASHTON OAKS LANE #203 Address: 2256 ASHTON OAKS LANE #102 City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: **VPD** (X) Change () Addition PISTOCHI, AL LANE, WILLIAM Name: Name: 2280 ASHTON OAKS LANE #101 2272 ASHTON OAKS LANE #102 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 (X) Change () Addition Title: VPD () Delete Title: PD Name: BUSA, ANTHONY Name: BUSA, ANTHONY 2248 ASHTON OAKS LN #203 Address: 2248 ASHTON OAKS LN #203 Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change () Addition LANE, WILLIAM BROOKS, CHUCK Name: Name: 2272 ASHTON OAKS LANE #102 2304 ASHTON OAKS LN #202 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

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: ANTHONY BUSA PD 04/16/2009