

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90006 045 \*\*\*\*61.25

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02012007 Chg-NP CR2E037 (12/06)

|  |  |  |  |                                       |  |
|--|--|--|--|---------------------------------------|--|
| <b>DOCUMENT # N97000002725</b><br>1. Entity Name<br><b>WILLOW BEND AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |  |                                       |  |
| Principal Place of Business<br><b>C. ALLEN PROPERTIES<br/>3050 N. HORSESHOE DR<br/>NAPLES, FL 34104</b>  |  |  | Mailing Address<br><b>C. ALLEN PROPERTIES<br/>3050 N. HORSESHOE DR<br/>NAPLES, FL 34104 US</b>   |                                       |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  |                                       |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |                                       |  |
| City & State   |  | City & State   |  |                                       |  |
| Zip  | Country  | Zip  | Country  | 4. FEI Number<br><b>65-0756604</b>    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br><b>THORNTON, BRUCE<br/>1930 WILLOW BEND CIR<br/>#104<br/>NAPLES, FL 34109</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>CHARLES ALLEN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3050 N. HORSESHOE DR. #172</b><br>City <b>NAPLES</b> FL Zip Code <b>34104</b> |                                       |  |
| 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 <b>CHARLES ALLEN</b> <i>Charles Allen</i> <b>2/16/07</b><br><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<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD<br/>WEINSTEIN, LOUIS<br/>1920 WILLOW BEND CIR., #104<br/>NAPLES, FL 34109</b> | <input type="checkbox"/> Delete  |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>JOBLONSKI, ROSALIE<br/>1960 WILLOWBEND CIR, # 101<br/>NAPLES, FL 34109</b>  | <input type="checkbox"/> Delete  |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>ZEITEL, JEAN<br/>1920 WILLOWBEND CIR, # 203<br/>NAPLES, FL 34109</b>        | <input checked="" type="checkbox"/> Delete                                       |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>VILLANI, JERRY<br/>1970 WILLOWBEND CIR, # 203<br/>NAPLES, FL 34109</b>      | <input type="checkbox"/> Delete  |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>JABLONSKI, ROSALIE<br/>1960 Willowbend Cir #101<br/>Naples, FL 34109</b>    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>Lou COE<br/>1920 Willowbend Cr. # 201<br/>Naples, FL 34109</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>Patricia Hensby<br/>#101 1940 Willow Bend Circle<br/>Naples, FL 34109</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |                                       |  |
| 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>Rosalie Jablonski</i> <b>2/16</b> <b>239-403-4004</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |  |                                       |  |