

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005324

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** BRAEBURN AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O R&P PROPERTY MANAGEMENT  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0786773      **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: SD ( ) Delete  
Name: FEIJOO, JAMES  
Address: 1620 WINDING OAKS WAY #102  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: SYNNOTT, WILLIAM  
Address: 1630 WINDING OAKS WAY #101  
City-St-Zip: NAPLES, FL 34109

Title: PD ( ) Delete  
Name: WERLING, BILL  
Address: 1665 WINDING OAKS WAY #103  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: FROHMAN, DANIEL  
Address: 1680 WINDING OAKS WAY #201  
City-St-Zip: NAPLES, FL 34109

Title: TD ( ) Delete  
Name: ZULALIAN, JACK  
Address: 1605 WINDING OAKS WAY #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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: GLENN CARROLL

PRES

04/10/2006

Electronic Signature of Signing Officer or Director

Date