2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005324

FILED Apr 21, 2008 Secretary of State

Entity Name: BRAEBURN AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O R&P PROPERTY MANAGEMENT NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** C/O R&P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104 US FEI Number: 65-0786773 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 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: (X) Change () Addition () Delete NAPOLI, RICHARD GANJAMIE, CHARLES Name: Name: 1665 WINDING OAKS WAY #202 Address: 1645 WINDING OAKS WAY #202 Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change () Addition GANJAMIE, CHARLES Name: BLAKE, MICHAEL Name: Address: 32 BROWN CT. Address: 1615 WINDING OAKS WAY #202 City-St-Zip: CHESTER, NJ 07930 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: () Change () Addition WERLING, BILL Name: Name: 1665 WINDING OAKS WAY #103 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: ZULALIAN, JACK Name: 1605 WINDING OAKS WAY #102 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: VPD Title: () Delete Title: () Change () Addition POUND, JAMES Name: Name: 1595 WINDING OAKS WAY #103 Address: Address: NAPLES, FL 34109 City-St-Zip: 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: BILL WERLING PD 04/21/2008