

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002724

**FILED**  
**Apr 06, 2014**  
**Secretary of State**  
**CC7083457948**

**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

**Current Mailing Address:**

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

**FEI Number: 65-0756991**

**Certificate of Status Desired: No**

**Name and Address of Current 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

**Officer/Director Detail :**

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

Title DIRECTOR  
Name PUNTIL, RONALD  
Address 2256 ASHTON OAKS LANE #102  
City-State-Zip: NAPLES FL 34109

Title SECRETARY  
Name COE, LOU  
Address 7219 NORTH CHARLES WAY  
City-State-Zip: PEORIA IL 61614

Title PRESIDENT  
Name PISTOCCHI, ALFRED  
Address 2280 ASHTON OAKS LANE  
101  
City-State-Zip: NAPLES FL 34109

Title VP  
Name BROOK, CHUCK  
Address 2304 ASHTON OAKS LANE  
202  
City-State-Zip: NAPLES FL 34109

*I hereby 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 all other like empowered.*

**SIGNATURE: ALFRED PISTOCCHI**

**PRESIDENT**

**04/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date