## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002724

**Entity Name: ASHTON OAKS AT STONEBRIDGE CONDOMINIUM** 

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O COMPLETE PROPERTY MANAGEMENT OF SWFL 3050 N. HORSESHOE DR. #172

NAPLES, FL 34104

## **Current Mailing Address:**

C/O COMPLETE PROPERTY MANAGEMENT OF SWFL 3050 N. HORSESHOE DR. #172 NAPLES, FL 34104 US

FEI Number: 65-0756991 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BURGIN, LEE C/O COMPLETE PROPERTY MANAGEMENT OF SWFL 3050 N. HORSESHOE DR. #172 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: LEE BURGIN 04/21/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT Title SECRETARY
Name PAYSON, DICK Name GRILLO, GERRY

Address 3050 NORTH HORSESHOE DR Address 3050 NORTH HORSESHOE DR

STE 172 STE 172

NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title TREASURER Title VP

Name TYBURSKY, KATHI Name GEORGE, MIKE

Address 3050 NORTH HORSESHOE DR Address 3050 NORTH HORSESHOE DR

STE 172 STE 172

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name GAMBLE, BRIAN

Address 3050 NORTH HORSESHOE DR

STE 172

City-State-Zip: NAPLES FL 34104

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: DICK PAYSON PRESIDENT 04/21/2023

FILED Apr 21, 2023

**Secretary of State** 

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