

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001433

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: STONEYBROOK AT HERITAGE HARBOUR COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

325 INTERSTATE BVD  
SARASOTA, FL 34240

**New Principal Place of Business:**

551 N CATTLEMAN ROAD  
SUITE 202  
SARASOTA, FL 34232

**Current Mailing Address:**

325 INTERSTATE BVD  
SARASOTA, FL 34240

**New Mailing Address:**

551 N CATTLEMAN ROAD  
SUITE 202  
SARASOTA, FL 34232

FEI Number: 65-1059004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIELDS, CHRISTOPHER J  
1833 HENDRY STREET  
FORT MYERS, FL 33901 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: PD ( ) Delete  
Name: ALLEGRA, ROBERT T  
Address: 337 INTERSTATE BOULEVARD  
City-St-Zip: SARASOTA, FL 34240

Title: VD ( ) Delete  
Name: DANNA, CHARLES A JR  
Address: 325 INTERSTATE BLVD  
City-St-Zip: SARASOTA, FL 34240

Title: STD ( ) Delete  
Name: SQUITIERI, ANTHONY J  
Address: 325 INTERSTATE BLVD  
City-St-Zip: SARASOTA, FL 34240

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT T ALLEGRA

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date