


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90027 029 \*\*\*\*61.25

**DOCUMENT # N00000001433**

1. Entity Name  
**STONEBROOK AT HERITAGE HARBOUR COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**7515 GRAND HARBOUR PARKWAY  
 BRADENTON, FL 34212**

Mailing Address  
**9887 FOURTH STREET NORTH  
 SUITE 301  
 ST. PETERSBURG, FL 33702**

40043340

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**4654 SR 64 EAST  
 # 331**

Suite, Apt. #, etc.

City & State  
**BRADENTON, FL**

City & State  
**BRADENTON, FL**

Zip  
**34108**

Country  
**U.S.**



03012008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-1059004**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SHIELDS, CHRISTOPHER J  
 1833 HENDRY STREET  
 FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEGRA, ROBERT T 337 INTERSTATE BOULEVARD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SQUITIERI, TONY 551 N. CATTLEMAN RD, STE 200 SARASOTA, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANNA, CHARLES A JR 325 INTERSTATE BLVD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAD SORENSEN, ANDY 551 N. CATTLEMAN RD, STE 200 SARASOTA, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SQUITIERI, ANTHONY J 325 INTERSTATE BLVD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOORES, STEVE 551 N. CATTLEMAN RD, STE 200 SARASOTA, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Steve Doores **Steve Doores** **3/5/08** **941-377-1222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #