


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90257 047 ****61.25

DOCUMENT # N03000003540

1. Entity Name
FAIRWAY GREENS II AT STONEYBROOK, INC.



Principal Place of Business
**325 INTERSTATE BLVD. 9031 TOWN CENTER PKWY
 SARASOTA, FL 34240**

Mailing Address
**325 INTERSTATE BLVD. 9031 TOWN CENTER PKWY
 SARASOTA, FL 34240**

Bradenton, FL 34202

54036004

2. Principal Place of Business
Advanced Management

3. Mailing Address
Advanced Management


Suite, Apt. #, etc.
9031 TOWN CENTER PKWY

City & State
BRADENTON FL

City & State
BRADENTON FL

Zip
34202

Country
USA



01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
56-2371325

Applied For
 Not Applicable

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

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


7. Name and Address of New Registered Agent
Advanced Management Inc

Street Address (P.O. Box Number is Not Acceptable)
9031 TOWN CENTER PARKWAY

City
BRADENTON

FL **34202**

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  DATE **4.15.04**

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


Filing Fee is **\$61.25** Due by **May 1, 2004**

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 DANNA, CHARLES 325 INTERSTATE BLVD. SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEGRA, ROBERT T 325 INTERSTATE BLVD. SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SQUITIERI, ANTHONY J 325 INTERSTATE BLVD. SARASOTA, FL 34240 <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 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 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:  DATE **4-1-01** (94) **377-1222**

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