
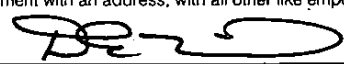


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90140 016 ****61.25

DOCUMENT # N03000003540 1. Entity Name FAIRWAY GREENS II AT STONEYBROOK, INC.					
Principal Place of Business ADVANCED MANAGEMENT 9031 TOWN CENTER PKWY BRADENTON, FL 34202			Mailing Address ADVANCED MANAGEMENT 9031 TOWN CENTER PKWY BRADENTON, FL 34202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202				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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANNA, CHARLES		NAME	WILSON GILL	
STREET ADDRESS	325 INTERSTATE BLVD.		STREET ADDRESS	8416 EAGLE ISLES PLACE	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEGRA, ROBERT T		NAME	RIVA HARPER	
STREET ADDRESS	325 INTERSTATE BLVD.		STREET ADDRESS	310 FAIRWAY ISLES LANE	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SQUITIERI, ANTHONY J		NAME	Jenny Magarelli	
STREET ADDRESS	325 INTERSTATE BLVD.		STREET ADDRESS	8404 EAGLE ISLES PLACE	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		
NAME	WILSON, DOUGLAS E		NAME		
STREET ADDRESS	9031 TOWN CENTER PKWY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-9-06 941-359-1134		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		