


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90094 040 \*\*\*\*61.25

<b>DOCUMENT # N03000003540</b> 1. Entity Name <b>FAIRWAY GREENS II AT STONEYBROOK, INC.</b>					
Principal Place of Business <b>ADVANCED MANAGEMENT</b> <b>9031 TOWN CENTER PKWY</b> <b>BRADENTON, FL 34202</b>			Mailing Address <b>ADVANCED MANAGEMENT</b> <b>9031 TOWN CENTER PKWY</b> <b>BRADENTON, FL 34202</b>		
2. Principal Place of Business - No P.O. Box # <b>4370 S. Tamiami Trail</b>		3. Mailing Address <b>4370 S. Tamiami Trail</b>			
Suite, Apt. #, etc. <b>Suite 102</b>		Suite, Apt. #, etc. <b>Suite 102</b>			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>			
Zip <b>34231</b>		Country <b>US</b>		4. FEI Number <b>56-2371325</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ADVANCED MANAGEMENT, INC.</b> <b>9031 TOWN CENTER PKWY</b> <b>BRADENTON, FL 34202</b>			7. Name and Address of New Registered Agent Name <b>Casey Condominium Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>4370 S. Tamiami Trail</b> Suite 102 City <b>Sarasota</b> <b>FL</b> Zip Code <b>34231</b>		
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 <u><i>Budget Spencer</i></u> <span style="float: right;">4/24/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, GILL 8416 EAGLE ISLES PLACE BRADENTON, FL 34212	<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 HARPER, RIVA 310 FAIRWAY ISLES LANE BRADENTON, FL 34212	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jeffries, Riva</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAGARELLI, JENNY 8404 EAGLE ISLES PL BRADENTON, FL 34212	<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	AS WILSON, DOUGLAS E 9031 TOWN CENTER PKWY BRADENTON, FL 34202	<input checked="" 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	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<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: <u><i>Wilson Hill</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-25-07</u> Daytime Phone # <u>941-747-6064</u>		

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