


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90238 001 ***245.00

DOCUMENT # N05000007117

1. Entity Name
 STOCKTON VILLAGE HOMEOWNERS ASSOCIATION, INC.



66010877

Principal Place of Business
 4400 WEST SAMPLE ROAD SUITE 200
 COCONUT CREEK, FL 33073-3450

Mailing Address
 4400 WEST SAMPLE ROAD SUITE 200
 COCONUT CREEK, FL 33073-3450



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03242006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MINTO COMMUNITIES, INC.
 ATTN: MICHAEL GREENBERG
 4400 WEST SAMPLE ROAD SUITE 200
 COCONUT CREEK, FL 33073-3450

7. Name and Address of New Registered Agent
 Name
 Harry L. Posin
 Street Address (P.O. Box Number is Not Acceptable)
 4400 W. Sample Rd., Suite 200
 City
 Coconut Creek FL Zip Code
 33073

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  Harry L. Posin 
 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. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEER, T.R.	
STREET ADDRESS	4400 WEST SAMPLE ROAD SUITE 200	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEELMAN, MICHELLE	
STREET ADDRESS	4400 WEST SAMPLE ROAD SUITE 200	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GUADAGNO, CORY	
STREET ADDRESS	4400 WEST SAMPLE ROAD SUITE 200	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  T.R. Beer  4-7-06  954-973-4490
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #