

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Dec 17, 2009  
Secretary of State**

DOCUMENT# N05000007117

**Entity Name:** STOCKTON VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4400 WEST SAMPLE ROAD SUITE 200  
COCONUT CREEK, FL 33073**New Principal Place of Business:****Current Mailing Address:**4400 WEST SAMPLE ROAD SUITE 200  
COCONUT CREEK, FL 33073**New Mailing Address:**

FEI Number: 20-5987648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**BEER, TR  
4400 W SAMPLE ROAD, STE 200  
COCONUT CREEK, FL 33073 US**Name and Address of New Registered Agent:**CARTER, JOHN  
4400 W SAMPLE ROAD, STE 200  
COCONUT CREEK, FL 33073 US

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.

SIGNATURE: JOHN CARTER

12/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: DP ( ) Delete  
Name: BEER, T.R.  
Address: 4400 WEST SAMPLE ROAD SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073Title: DV ( ) Delete  
Name: LONG, THOMAS  
Address: 4400 WEST SAMPLE ROAD SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073Title: DST ( ) Delete  
Name: RODGERS, FRANK  
Address: 4400 WEST SAMPLE ROAD SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change ( ) Addition  
Name: CARTER, JOHN  
Address: 4400 WEST SAMPLE ROAD SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073Title: DV (X) Change ( ) Addition  
Name: APPLEMAN, JON  
Address: 4400 WEST SAMPLE ROAD SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073Title: DST (X) Change ( ) Addition  
Name: STERN, JARED  
Address: 4400 WEST SAMPLE ROAD SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CARTER

DP

12/17/2009

Electronic Signature of Signing Officer or Director

Date