

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90248 030 ****61.25

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1. Entity Name

STONEBROOK ESTATES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**C/O ST. ANDREWS SALES
7227 CLINT MOORE RD
BOCA RATON FL 33496**

Mailing Address

**C/O ST. ANDREWS SALES
7227 CLINT MOORE RD
BOCA RATON FL 33496**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0623137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPLAN, LOUIS ESQ.
SACH'S SACH & KLEIN, PA
301 YAMATO RD STE 4150
BOCA RATON FL 33431**



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 re-registering)

DATE

**FILE NOW: 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 ☐ Delete
NAME REITSMA, RONALD A
STREET ADDRESS 7227 CLINT MOORE RD
CITY-ST-ZIP BOCA RATON FL 33496

TITLE SD ☐ Delete
NAME KIRIAON, ARTHUR
STREET ADDRESS 7227 CLINT MOORE ROAD
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D ☒ Delete
NAME SLEIPNES, SVEIN
STREET ADDRESS 12700 KAPOK LANE
CITY-ST-ZIP DAVIE FL 33330

TITLE ☐ Delete
NAME **PAID**
STREET ADDRESS
CITY-ST-ZIP MAY 04 2006

TITLE ☐ Delete
NAME BY: _____
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY/TREASURER** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **NORMAN TALPINS**
STREET ADDRESS **C/O GABLES PROP. MGMT, 1495N. PARK DR**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRES. 5/2/06