9/19/01-90125-038-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005705

1. Entity Name

STONEYBROOK VILLAS II ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 28 PM 12:00

Principal Place of Business	Mailing Address
10481 SIX MILE CYPRESS PARK WAY FT MYERS FL 33912	10481 SIX MILE CYPRESS PARK WAY FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

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 65-1046904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Gulf Coast Management
Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913

7. Name and Address of New Registered Agent

Name Ken Hayden

Gulf Coast Management
Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registe

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
D	D GRIMES, JOSEPH 10481 SIX MILE CYPRESS PARK WAY FT MYERS FL 33912	☐ Delete		☐ Change ☐ Addition
D	D BENSON, STEVE 10481 SIX MILE CYPRESS PARK WAY FT MYERS FL 33912	☐ Delete	D 10481 SIX MILE CYPRESS PARK WAY FT MYERS FL 33912	☐ Change ☐ Addition
D	D BURNS, ALAN R 10481 SIX MILE CYPRESS PARK WAY FT MYERS FL 33912	☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED 9/17/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #