2004 NOT-FOR-PROFIT CORPORATION .. ANNUAL REPORT

an address, with all other like empowered

SIGNATURE:

May 10, 2004 8:00 am **Secretary of State** DOCUMENT # N00000005705 05-10-2004 90460 020 ****61.25 STONEYBROOK VILLAS II ASSOCIATION, INC. Principal Place of Business GULF COAST CANAGEMENT SERVICES 11691 CATEMAT BLVD., #102 Mailing Address GULF COAST MANAGEMENT SERVICES 11691 GALEWAY BLVD., #102 FORT MYZRS, FL 33913 FORT MYERS, FL 33913. 2. Principal Place of Business 3. Mailing Address ぺこS Suite, Apt. #, etc. Suite, Apt. #, etc. 04042004 Chg-NP CR2E037 (10/03) 110156 11015 City & State City & State 4. FEI Number 65-1046904 Applied For Not Applicable Country Country \$8.75 Additional 33408 5. Certificate of Status Desired 3340 x Collier Follier Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Moilliam HAYDEN, KEN C/O GULF COAST MANAGEMENT SERVICES 11691 GATEWAY BLVD., #102 Street Address (P.O. Box Number is Not Acceptable) 2310 DellA Drive FORT MYER8, FL 33913 Zip Code __34117 naples 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. -20-04 SIGNATURE (NOTE: Registered Agent signsture required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 20 30 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **D**Kelete TITLE Change ☐ Addition JERSEN GRIMES, JOSEPH NAME NAME PORT RUSH PLUM 10481 SIX MILE CYPRESS PARK WAY STREET ADDRESS STREET ADDRESS FT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-7P STEVO 33928 TITLE n Delete TITLE Addition NAME MCMURRAY, DARIN NAME Rush Run Tiog 10481 SIX MILE CYPRESS PARK WAY 21547 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33912 CITY-ST-ZIP 33928 D TITLE ☐ Addition Harris Dun NAME BURNS, ALAN R NAME 10481 SIX MILE CYPRESS PARK WAY STREET ADDRESS STREET ADDRESS 21671 Estero 71 32928 CITY-ST-ZIP FT MYERS, FL 33912 CITY-ST-ZIP TITE F Delete TITLE Addition NAME NAME⁴ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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

FILED

Daytime Phone #