2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005705

1. Entity Name
STONEYBROOK VILLAS II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PCS	PCS
PO BOX 110156	PO BOX 110156
NAPLES, FL 33408	NAPLES, FL 33408

DO NOT WRITE IN THIS SPACE

50049563

04302005   No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
65-1046904	Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, WILLIAM
2310 DELLA DR
NAPLES, FL 34117

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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 reinstating)   DATE

Filing Fee Is $61.25
Due by May 1, 2005

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	JENSEN, ROBERT
STREET ADDRESS	21619 PORT RUSH RUN
CITY-ST-ZIP	ESTERO, FL 33928

TITLE	D
NAME	ROFFO, RON
STREET ADDRESS	21597 PORT RUSH RUN
CITY-ST-ZIP	ESTERO, FL 33928

TITLE	D
NAME	HARRIS, GEORGE
STREET ADDRESS	21641 PORT RUSH RUN
CITY-ST-ZIP	ESTERO, FL 33928

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _William D. White_   WILLIAM D. WHITE   4-30-05   239-352-6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #