

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005705

FILED
Apr 21, 2008
Secretary of State

Entity Name: STONEYBROOK VILLAS II ASSOCIATION, INC.

Current Principal Place of Business:

S & S GOLF MANAGEMENT, INC.
11691 GATEWAY BLVD., SUITE 203
FT. MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11691 GATEWAY BLVD.
SUITE 203
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 65-1046904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

S & S GOLF MANAGEMENT, INC.
11691 GATEWAY BLVD.
SUITE 203
FT. MYERS, FL 33913 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JENSEN, ROBERT
Address: 21610 PORT RUSH RUN
City-St-Zip: ESTERO, FL 33928

Title: DVP () Delete
Name: RAFFO, RON
Address: 21597 PORT RUSH RUN
City-St-Zip: ESTERO, FL 33928

Title: DST () Delete
Name: HARRIS, GEORGE
Address: 21641 PORT RUSH RUN
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RAFFO, RON
Address: 11691 GATEWAY BLVD., SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: DS (X) Change () Addition
Name: CIOFFI, MARIE
Address: 11691 GATEWAY BLVD., SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: DT (X) Change () Addition
Name: HARRIS, GEORGE
Address: 11691 GATEWAY BLVD., SUITE 203
City-St-Zip: FORT MYERS, FL 33913

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: RON RAFFO

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date