

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001222

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** STONEYBROOK, A GOLF COURSE COMMUNITY OF FORT MYERS, INC.

**Current Principal Place of Business:**

ALLIANT PROPERTY MGMT, LLC.  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919

**New Principal Place of Business:**

ALLIANT PROPERTY MGMT, LLC  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919

**Current Mailing Address:**

ALLIANT PROPERTY MGMT, LLC.  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919

**New Mailing Address:**

ALLIANT PROPERTY MGMT, LLC  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919

**FEI Number:** 65-0839055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLIANT PROPERTY MGMT, LLC.  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919 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: PD  
Name: SEBBY, LLOYD  
Address: 21116 BRAXFIELD LOOP  
City-St-Zip: ESTERO, FL 33928

Title: TD  
Name: HUFF, EILEEN  
Address: 21568 BERWICH RUN  
City-St-Zip: ESTERO, FL 33928

Title: VP  
Name: JONES, QUILL  
Address: 21609 BRIXHAM RUN LOOP  
City-St-Zip: ESTERO, FL 33928

Title: SD  
Name: MANCINI, JACK  
Address: 11452 PEMBROOK RUN  
City-St-Zip: ESTERO, FL 33928

Title: D  
Name: FABING, NANCY  
Address: 21500 LANGHOLM RUN  
City-St-Zip: ESTERO, FL 33928

Title: D  
Name: MCGREEVY, JESSE  
Address: 21694 HELMSDALE RUN  
City-St-Zip: ESTERO, FL 33928

I hereby 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 all other like empowered.

SIGNATURE: EILEEN HUFF

TD

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date