

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90127 021 ****61.25

DOCUMENT # N00000005705

1. Entity Name

STONEBROOK VILLAS II ASSOCIATION, INC.



Principal Place of Business

**10481 SIX MILE CYPRESS PARK WAY
FT MYERS FL 33912**

Mailing Address

**10481 SIX MILE CYPRESS PARK WAY
FT MYERS FL 33912**

2. Principal Place of Business

**Gulf Coast Management Services
11691 Gateway Blvd. #102
Fort Myers, FL 33913**

3. Mailing Address

**Gulf Coast Management Services
11691 Gateway Blvd. #102
Fort Myers, FL 33913**



☒ CHECK HERE IF MAKING CHANGES

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

**SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS FL 33901**

Name

Street

City

7. Name and Address of New Registered Agent

**Ken Hayden
Gulf Coast Management Services
11691 Gateway Blvd. #102
Fort Myers, FL 33913**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.

I am familiar with, and accept

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, JOSEPH 10481 SIX MILE CYPRESS PARK WAY FT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURRAY, DARIN 10481 SIX MILE CYPRESS PARK WAY FT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, ALAN R 10481 SIX MILE CYPRESS PARK WAY FT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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

2-19-03 948-4300