

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005705

Entity Name: STONEYBROOK VILLAS II ASSOCIATION, INC.**Current Principal Place of Business:**

S & S GOLF MANAGEMENT, INC.
11691 GATEWAY BLVD., SUITE203
FT. MYERS, FL 33913

Current Mailing Address:

11691 GATEWAY BLVD.
SUITE 203
FORT MYERS, FL 33913

FEI Number: 65-1046904**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

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

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

Officer/Director Detail :

Title PD
Name BAHR , MEL
Address 11691 GATEWAY BLVD., SUITE 203
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name FROST , ROBERT
Address 11691 GATEWAY BLVD.
SUITE 203
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name MCBRIDE, PHYLLIS
Address 11691 GATEWAY BLVD.
SUITE 203
City-State-Zip: FORT MYERS FL 33913

Title VPD
Name MCBRIDE , PHYLLIS
Address 11691 GATEWAY BOULEVARD #203
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name DOWNEY , GREGORY JR
Address 11691 GATEWAY BLVD.
SUITE 203
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name KURCZESKI, SHARON
Address 11691 GATEWAY BLVD.
SUITE 203
City-State-Zip: FORT MYERS FL 33913

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: MEL BAHR**PRESIDENT****04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date