

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005705

**Entity Name:** STONEYBROOK VILLAS II ASSOCIATION, INC.

**Current Principal Place of Business:**

ICON MANAGEMENT  
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:**

ICON MANAGEMENT  
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:** SIMON COULLS

04/24/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title PRESIDENT  
Name DETTERBECK, JOHN JR  
Address 11691 GATEWAY BLVD.  
SUITE 203  
City-State-Zip: FORT MYERS FL 33913

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

Title SECRETARY, TREASURER  
Name OLDANI, DENIS  
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:** JOHN DETTERBECK

PRESIDENT

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date