

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001222

Entity Name: STONEYBROOK, A GOLF COURSE COMMUNITY OF FORT MYERS, INC.**FILED**
Apr 10, 2015
Secretary of State
CC2698672001**Current 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**FEI Number: 65-0839055****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALLIANT PROPERTY MGMT, LLC.
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 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	SEBBY, LLOYD
Address	ALLIANT PROPERTY MGMT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

Title	VP
Name	REYNOLDS, BILL
Address	ALLIANT PROPERTY MGMT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

Title	SECRETARY
Name	MOORE, MARILYN
Address	ALLIANT PROPERTY MGMT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

Title	TREASURER
Name	PATRICCA, CHRISTINE
Address	ALLIANT PROPERTY MGMT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

Title	D
Name	WHIRL, ANDY
Address	ALLIANT PROPERTY MGMT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

Title	D
Name	CHAZIN, KEITH
Address	ALLIANT PROPERTY MGMT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

Title	D
Name	DRACH, JIM
Address	ALLIANT PROPERTY MGMT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

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: LLOYD SEBBY**PRESIDENT****04/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date