

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003609

Entity Name: STONEBROOK ESTATES COMMUNITY ASSOCIATION, INC.

FILED
Apr 22, 2014
Secretary of State
CC8293324734

Current Principal Place of Business:

C/O CASTLE MANAGEMENT
12270 SW 3RD STREET
PLANTATION, FL 33325

Current Mailing Address:

C/O CASTLE MANAGEMENT
P.O. BOX 559009
FORT LAUDERDALE, FL 33355

FEI Number: 65-0623137

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKALAR & ASSOCIATES
150 SOUTH PINE ISLAND ROAD, SUITE #540
PLANTATION, FL 33324 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 D
Name ASSD, ISSA
Address 12767 EQUESTRIAN TRAIL
City-State-Zip: DAVIE FL 33330

Title VP
Name GLOVER, JOHN
Address 12375 STONEBROOK DRIVE
City-State-Zip: DAVIE FL 33330

Title S
Name GARCIA, FIDEL
Address 12568 S. STONEBROOK CIR.
City-State-Zip: DAVIE FL 33330

Title P
Name ANDERSON, BRIAN
Address 3453 W. STONEBROOK CIR.
City-State-Zip: DAVIE FL 33330

Title T
Name HAEFLINGER, JOHN
Address 3353 STONEBROOK DRIVE
City-State-Zip: DAVIE FL 33330

Title D
Name JACOBS, JEROME
Address 3201 E STONEBROOK ESTATES
City-State-Zip: DAVIE FL 33330

Title DIRECTOR
Name MARTINE, MARCIA
Address 12648 S STONEROOK CIRCLE
City-State-Zip: DAVIE FL 33330

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: BRIAN ANDERSON

PRESIDENT

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date