2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900003609

Entity Name: STONEBROOK ESTATES COMMUNITY ASSOCIATION, INC.

FILED
Mar 26, 2018
Secretary of State
CC8144940401

Current Principal Place of Business:

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

Current Mailing Address:

C/O CASTLE MANAGEMENT 12270 SW 3RD STREET 200 PLANTATION, FL 33325 US

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

Officer/Director Detail:

Title PRESIDENT Title VP

Name ASSD, ISSA Name GLOVER, JOHN

Address 12767 EQUESTRIAN TRAIL Address 12375 STONEBROOK DRIVE

City-State-Zip: DAVIE FL 33330 City-State-Zip: DAVIE FL 33330

Title S Title TREASURER

Name GARCIA, FIDEL Name ANDERSON, BRIAN

Address 12568 S. STONEBROOK CIR. Address 3453 W. STONEBROOK CIR.

City-State-Zip: DAVIE FL 33330 City-State-Zip: DAVIE FL 33330

Title DIRECTOR Title D

Name DELIZZA , RICHARD Name JACOBS, JEROME

Address 2800 W. STONEBROOK CIRCLE Address 3201 E STONEBROOK ESTATES

City-State-Zip: DAVIE FL 33330 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: ASSD, ISSA PRESIDENT 03/26/2018

Date