

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768181

FILED
Mar 17, 2005
Secretary of State

Entity Name: STONEBROOK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6847 NORTH 9TH AVE, SUITE 125
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

6847 NORTH 9TH AVE, SUITE 125
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-3710926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHRISTOPHER, PHILIP I
6847 NORTH 9TH AVE, SUITE 125
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: FARNAM, MARY
Address: 6847 NORTH 9TH AVE, SUITE 125
City-St-Zip: PENSACOLA, FL 32504 US

Title: T () Delete
Name: COOK, DUSTY
Address: 6847 NORTH 9TH AVE, SUITE 125
City-St-Zip: PENSACOLA, FL 32504 US

Title: P () Delete
Name: CHRISTOPHER, PHILIP
Address: 6847 NORTH 9TH AVE, SUITE 125
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: GONZALEZ, JUAN
Address: 6847 NORTH 9TH AVE, SUITE 125
City-St-Zip: PENSACOLA, FL 32504 US

Title: S (X) Change () Addition
Name: COOK, DUSTY
Address: 6847 NORTH 9TH AVE, SUITE 125
City-St-Zip: PENSACOLA, FL 32504 US

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHILIP CHRISTOPHER

P

03/17/2005

Electronic Signature of Signing Officer or Director

Date