

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90177 044 ****61.25

DOCUMENT # N00000003645	
1. Entity Name PINECREST III AT STONEYBROOK ASSOCIATION, INC.	



Principal Place of Business LANCASTER RUN ESTERO, FL 33928	Mailing Address P.O. BOX 110156 NAPLES, FL 34108
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40086307



04272006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business MANAGEMENT SERVICES, INC. 12734 Kenwood Ln., Suite 49 Ft. Myers, FL 33907	3. Mailing Address MANAGEMENT SERVICES, INC. 12734 Kenwood Ln., Suite 49 Ft. Myers, FL 33907
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4. FEI Number 65-1020791	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, WILLIAM D CAM 2310 DELLA DR NAPLES, FL 34117	7. Name and Address of New Registered Agent Name: Don Readding, CAM Street Address (P.O. Box Number is Not Acceptable): 12734 Kenwood Lane, Ste 49 City: Fort Myers FL Zip Code: 33907
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:	DATE: 4/26/06

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARINER, CONNIE 21300 LANCASTER RUN #924 CITRUS, FL 34928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS SANTZ, LYLE 14612 BEVERLY LANE SAVAGE, MN 55378 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FENSTER MAKER, LARRY 21330 LANCASTER RUN ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAS WHITE, WILLIAM D 2310 DELLA DR NAPLES, FL 34117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM Don Readding 12734 Kenwood Ln, Ste 49 Fort Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:	DATE: 4/26/06