



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90022 016 \*\*\*\*61.25

<b>DOCUMENT # N00000003645</b> 1. Entity Name <b>PINECREST III AT STONEYBROOK ASSOCIATION, INC.</b>					
Principal Place of Business <b>TROPICAL ISLES MGMT SRVS INC</b> <b>12734 KENWOOD LN STE 49</b> <b>FORT MYERS, FL 33907</b>			Mailing Address <b>TROPICAL ISLES MGMT SRVS INC</b> <b>12734 KENWOOD LN STE 49</b> <b>FORT MYERS, FL 33907</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03142007    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>65-1020791</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>REDDING, DAN CAM</b> <b>12734 KENWOOD LANE STE 49</b> <b>FORT MYERS, FL 33907</b>				7. Name and Address of New Registered Agent Name <b>MARK RUDLAND, CAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>12734 Kenwood Ln Ste 49</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33907</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARINER, CONNIE <input type="checkbox"/> Delete 21300 LANCASTER RUN #924 CITRUS, FL 34928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mariner, Connie</b> <b>21300 Lancaster Run #924</b> <b>Estero, FL 33928</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS SANTZ, LYLE <input type="checkbox"/> Delete <del>14012 BEVERLY LANE</del> <b>1221 Cypress Dr.</b> <del>SAVAGE, MN 55378</del> <b>Annandale, MN 55302</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP Santz, Lyle</b> <b>1221 Cypress Dr</b> <b>Annandale, MN 55303</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FENSTER MAKER, LARRY <input checked="" type="checkbox"/> Delete 21330 LANCASTER RUN ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Diane Cedorchuk</b> <b>21310 Lancaster Run #1013</b> <b>Estero, FL 33928</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM REDDING, DON <input checked="" type="checkbox"/> Delete 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ASM</b> <b>MARK RUDLAND</b> <b>12734 Kenwood Ln, Ste 49</b> <b>Ft. Myers, FL 33907</b>	
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.					
<b>SIGNATURE: <u>Connie Mariner</u> CONNIE MARINIER</b>			<b>3-14-07 239-495-3792</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date      Daytime Phone #</small>		