


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90038 007 ****61.25

DOCUMENT # N00000003645							
1. Entity Name PINECREST III AT STONEYBROOK ASSOCIATION, INC.							
Principal Place of Business TROPICAL ISLES MGMT SRVS INC 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907			Mailing Address TROPICAL ISLES MGMT SRVS INC 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-1020791			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RUDLAMS, MARK CAM 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARINER, CONNIE		NAME				
STREET ADDRESS	21300 LANCASTER RUN #924		STREET ADDRESS				
CITY-ST-ZIP	CITRUS, FL 34928		CITY-ST-ZIP				
TITLE	<i>VPENTZ, Lyle</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNIE MARINER		NAME				
STREET ADDRESS	1221 CYPRESS DR.		STREET ADDRESS				
CITY-ST-ZIP	ANNANDALE, MN 55303		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CEDORCHUK, DIANE		NAME				
STREET ADDRESS	21310 LANCASTER RN #1013		STREET ADDRESS				
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP				
TITLE	ASM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUDLAND, MARK		NAME				
STREET ADDRESS	12734 KENWOOD LN, STE 49		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Connie Mariner</i>			Date: <i>1-30-2008</i>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <i>239-495-3792</i>				