## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003645

FILED Apr 08, 2009 Secretary of State

Entity Name: PINECREST III AT STONEYBROOK ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

TROPICAL ISLES MGMT SRVS INC 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907

**New Mailing Address: Current Mailing Address:** 

TROPICAL ISLES MGMT SRVS INC 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907

FEI Number: 65-1020791 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUDLAMS, MARK CAM RUDLAND, MARK CAM 12734 KENWOOD LANE STE 49 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907 FORT MYERS, FL 33907

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: JENNIFER C. WORTHINGTON 04/08/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Address:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

MARINER, CONNIE MARINER, CONNIE Name: Name: 21300 LANCASTER RUN #924 Address: 21300 LANCASTER RUN #925 Address:

City-St-Zip: CITRUS, FL 34928 City-St-Zip: ESTERO, FL 33928

(X) Change ( ) Addition Title: Title: () Delete SENTZ, LYLE Name: CEDORCHUK, DIANE Name:

Address: 1221 CYPRESS DR. Address: 21310 LANCASTER RUN. #1013

City-St-Zip: ANNANDALE, MN 55303 City-St-Zip: ESTERO, FL 33928

Title: () Delete Title: (X) Change ( ) Addition CEDORCHUK, DIANE FOWLDS, RANDY Name:

Name: 21310 LANCASTER RN #1013 21330 LANCASTER RN #1222 Address: Address:

City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: ASM () Delete Title: () Change () Addition Name:

RUDLAND, MARK Name: 12734 KENWOOD LN, STE 49 Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JENNIFER C. WORTHINGTON CAM 04/08/2009