

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

05-05-2006 90177 040 \*\*\*\*61.25

**DOCUMENT # N00000003646**  
 1. Entity Name  
 PINECREST IV AT STONEYBROOK ASSOCIATION, INC.



Principal Place of Business  
 10481 SIX MILE CYPRESS PKWY.  
 FT. MYERS, FL 33912

Mailing Address  
 10481 SIX MILE CYPRESS PKWY.  
 FT. MYERS, FL 33912

40086511



2. Principal Place of Business  
 12734 Kenwood Ln.

3. Mailing Address  
 12734 Kenwood Ln.

Suite, Apt. #, etc.  
 Suite 49

Suite, Apt. #, etc.  
 Suite 49

City & State  
 Ft. Myers, FL

City & State  
 Ft. Myers, FL

Zip  
 33907

Country  
 Lee

Zip  
 33907

Country  
 Lee

04272006 Chg-NP CR2E037 (4/06)

4. FEI Number  
 65-1020735

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, WILLIAM D CAM  
 2310 DELLA DRIVE  
 NAPLES, FL 34117

7. Name and Address of New Registered Agent

Name  
 MARK RUDLAND, CAM

Street Address (P.O. Box Number is Not Acceptable)  
 12734 Kenwood Lane, Ste 49

City  
 Ft Myers

FL

Zip Code  
 33907

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 *MARK RUDLAND* MARK RUDLAND 4/27/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DT  Delete  
 NAME COWELL, DAGNEY  
 STREET ADDRESS 21360 LANCASTER RUN #1175  
 CITY-ST-ZIP ESTERO, FL 33928

TITLE D  Delete  
 NAME LAPORTA, PATRICIA  
 STREET ADDRESS 21370 LANCASTER RUN #1611  
 CITY-ST-ZIP ESTERO, FL 33928

TITLE DP Foelgner  Delete  
 NAME FOELGNER, MARION  
 STREET ADDRESS 6300 18TH ST NE  
 CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE MAS  Delete  
 NAME WHITE, WILLIAM D  
 STREET ADDRESS 2310 DELLA DRIVE  
 CITY-ST-ZIP NAPLES, FL 34117

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT  Change  Addition  
 NAME Yukon, Rick  
 STREET ADDRESS 11409 Valley Dr.  
 CITY-ST-ZIP St. John, IN 46373

TITLE DV  Change  Addition  
 NAME Camoso, Nicholas  
 STREET ADDRESS 21360 Lancaster Run, #1512  
 CITY-ST-ZIP Estero, FL 33928

TITLE DP  Change  Addition  
 NAME Foelgner, Marion  
 STREET ADDRESS 6300 18th St. NE  
 CITY-ST-ZIP St. Petersburg, FL 33702

TITLE ASM  Change  Addition  
 NAME MARK RUDLAND  
 STREET ADDRESS 12734 Kenwood Lane, Ste 49  
 CITY-ST-ZIP Fort Myers, FL 33907

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: *MARK RUDLAND* MARK RUDLAND 4/27/06 839-2999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #