

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 22, 2006
Secretary of State**

DOCUMENT# N00000003646

Entity Name: PINECREST IV AT STONEYBROOK ASSOCIATION, INC.

Current Principal Place of Business:12734 KENWOOD LN
STE 49
FORT MYERS, FL 33907 US**New Principal Place of Business:**11691 GATEWAY BLVD.
SUITE 203
FORT MYERS, FL 33913 US**Current Mailing Address:**12734 KENWOOD LN
STE 49
FORT MYERS, FL 33907 US**New Mailing Address:**11691 GATEWAY BLVD.
SUITE 203
FORT MYERS, FL 33913 US

FEI Number: 65-1020735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:RUDLAND, MARK
12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**S & S GOLF MANAGEMENT, INC.
11691 GATEWAY BLVD.
SUITE 203
FORT MYERS, FL 33913 US

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: REBECCA L. SARVER

08/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DT () Delete
Name: YUKON, RICK
Address: 11409 VALLEY DR
City-St-Zip: SAINT JOHN, IN 46373Title: DV () Delete
Name: CAMOSO, NICHOLAS
Address: 21360 LANCASTER RUN, #1512
City-St-Zip: ESTERO, FL 33928Title: DP () Delete
Name: FOELGNER, MARION
Address: 6300 18TH ST NE
City-St-Zip: SAINT PETERSBURG, FL 33702Title: ASM (X) Delete
Name: RUDLAND, MARK
Address: 12734 KENWOOD LANE, STE 49
City-St-Zip: FORT MYERS, FL 33907**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DS (X) Change () Addition
Name: CAMOSO, NICHOLAS
Address: 21360 LANCASTER RUN, #1512
City-St-Zip: ESTERO, FL 33928Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARION FOELGNER

DP

08/22/2006

Electronic Signature of Signing Officer or Director

Date