2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003646

FILED May 01, 2007 Secretary of State

Entity Name: PINECREST IV AT STONEYBROOK ASSOCIATION, INC.

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

11691 GATEWAY BLVD.

SUITE 203

FORT MYERS, FL 33913 US

New Mailing Address: Current 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 ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete YUKON, RICK Name: 11409 VALLEY DR Address:

City-St-Zip: SAINT JOHN, IN 46373

Title: DS () Delete Name: CAMOSO, NICHOLAS

Address: 21360 LANCASTER RUN. #1512

City-St-Zip: ESTERO, FL 33928

Title: DP (X) Delete FOELGNER, MARION Name: Address: 6300 18TH ST NE

City-St-Zip: SAINT PETERSBURG, FL 33702

(X) Change () Addition

SODERQUIST, MARLAIS Name:

Address: 21370 LANCASTER RUN, UNIT 1622

City-St-Zip: ESTERO, FL 33928

Title: (X) Change () Addition

Name: FOELGNER, MARION Address: 6300 18TH ST NE

City-St-Zip: ST. PETERSBURG, FL 33702

Title: () Change () Addition

Name: Address: 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: MARION FOELGNER DP 05/01/2007