

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2010
Secretary of State

Entity Name: STONEYBROOK AT GATEWAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 54-2077695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD.
SUITE 200
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Title: PD
Name: FINEBERG, MARGARET
Address: 12437 PEBBLE STONE COURT
City-St-Zip: FORT MYERS, FL 33913

Title: VP
Name: MIKULKA, JOE
Address: 12484 GREEN STONE
City-St-Zip: FORT MYERS, FL 33913

Title: TD
Name: LETHEN, DAVID
Address: 12378 ROCK RIDGE LANE
City-St-Zip: FORT MYERS, FL 33913

Title: SD
Name: JACK, JOHN
Address: 12389 ROCK RIDGE LANE
City-St-Zip: FORT MYERS, FL 33913

Title: D
Name: ASBURY, BRETT
Address: 12664 GEM STONE COURT
City-St-Zip: FORT MYERS, FL 33913

Title: D
Name: NUSSBAUM, RICHARD
Address: 12466 CROOKED CREEK LANE
City-St-Zip: FORT MYERS, FL 33913

I hereby 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 all other like empowered.

SIGNATURE: DAVID LETHEN

TD

04/07/2010

Electronic Signature of Signing Officer or Director

_____ Date