
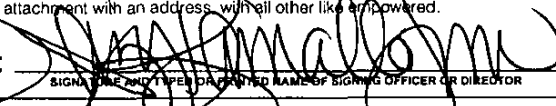


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 8:00 am**  
**Secretary of State**

07-06-2006 90005 012 \*\*\*\*70.00

<b>DOCUMENT # N03000010254</b> 1. Entity Name <b>STONEBROOK HOA, INC.</b>			
Principal Place of Business <b>11755 SW 90 STREET STE 210 MIAMI, FL 33186</b>		Mailing Address <b>11755 SW 90 STREET STE 210 MIAMI, FL 33186</b>	
2. Principal Place of Business <i>Courtesy Property Maint</i> Suite, Apt. #, etc. <b>13250 SW 135 Ave</b>		3. Mailing Address <i>Courtesy Property Maint</i> Suite, Apt. #, etc. <b>13250 SW 135 Ave</b>	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33186</b>		Zip <b>33186</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-1199511</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SKRLD INC 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	<b>PD</b> <b>HERRERA, TAMMY</b> <b>11755 SW 90 STREET STE 210</b> <b>MIAMI, FL 33186</b>	<input checked="" type="checkbox"/> Delete	
TITLE	<b>VD</b> <b>FIGUEROA, JOSE JORGE</b> <b>11755 SW 90 STREET STE 210</b> <b>MIAMI, FL 33186</b>	<input checked="" type="checkbox"/> Delete	
TITLE	<b>STD</b> <b>MARTINEZ, FERNANDO I</b> <b>11755 SW 90 STREET STE 210</b> <b>MIAMI, FL 33186</b>	<input checked="" type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	<b>PD</b> <b>SIERRA, NAZY</b> <b>2011 NE 41 PLACE</b> <b>Homestead FL 33033</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	<b>VPD</b> <b>AGUIERO, JORGE</b> <b>2731 NE 41 PLACE</b> <b>Homestead FL 33033</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	<b>SD</b> <b>SALCEDO, JACKELYN</b> <b>2964 NE 41 PLACE</b> <b>Homestead FL 33033</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
<b>SIGNATURE:</b> 		<b>6/29/06 305 242-4420</b> <small>Date Daytime Phone #</small>	