

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010254

FILED  
Apr 20, 2008  
Secretary of State

Entity Name: STONEBROOK HOA, INC.

## Current Principal Place of Business:

C/O ATLON MADISON PROPERTY MGMT  
381 N KROME AVENUE, SUITE 205  
HOMESTEAD, FL 33030

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 901773  
HOMESTEAD, FL 33090

## New Mailing Address:

FEI Number: 20-1199511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKRLD INC  
201 ALHAMBRA CIRCLE SUITE 1102  
CORAL GABLES, FL 33134 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 ( ) Delete  
Name: NAZY, SIERRA  
Address: 2611 NE 41 PLACE  
City-St-Zip: HOMESTEAD, FL 33033

Title: VPTD ( ) Delete  
Name: AGUERO, JORGE  
Address: 2731 NE 41 PLACE  
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete  
Name: HURST, CHANTELE  
Address: 4128 NE 30 STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: SD ( ) Delete  
Name: LARA, MONICA  
Address: 4118 NE 30 STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete  
Name: MORALES, JUAN  
Address: 4133 NE 30 STREET  
City-St-Zip: HOMESTEAD, FL 33033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NAZY, FELIPE  
Address: 2611 NE 41 PLACE  
City-St-Zip: HOMESTEAD, FL 33033

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MORIN, JOSE  
Address: 4166 NE 26 COURT  
City-St-Zip: HOMESTEAD, FL 33033

Title: ( ) 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 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: FELIPE SIERRA

P

04/20/2008

Electronic Signature of Signing Officer or Director

Date