


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90010 027 ****61.25

DOCUMENT # N0400000323					
1. Entity Name STONEBROOK VILLAS I AT GATEWAY ASSOCIATION, INC.					
Principal Place of Business C/O TROPICAL ISLES MANAGEMENT SERVICES INC 12734 KENWOOD LANE, SUITE 49 FT MYERS, FL 33907		Mailing Address C/O TROPICAL ISLES MANAGEMENT SERVICES INC 12734 KENWOOD LANE, SUITE 49 FT MYERS, FL 33907			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1692903	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEILDS, CHRISTOPHER J 1833 HENDRY ST FT MYERS, FL 33912			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SORENSEN, ANDY		NAME	Hancaster, Janice	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		STREET ADDRESS	12545 Stone Valley Loop	
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENSON, STEVE		NAME	Schuetz, Jerry	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		STREET ADDRESS	12549 Stone Valley Loop	
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGEN, JOHN		NAME	Lewis, James	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		STREET ADDRESS	12613 Stone Valley Loop	
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE	ASM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEDDING, JEANNE		NAME		
STREET ADDRESS	12734 KENWOOD LANE, SUITE 49		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33907		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Jeanne Roedding</i>			Date: <i>4/4/06</i> Daytime Phone #: <i>(839)939-2999</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					