


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90101 004 ****61.25

DOCUMENT # N04000000323

1. Entity Name
STONEBROOK VILLAS I AT GATEWAY ASSOCIATION, INC.



Principal Place of Business
C/O TROPICAL ISLES MGMT SVCS., INC
12734 KENWOOD LANE, SUITE 49
FT MYERS, FL 33907

Mailing Address
C/O TROPICAL ISLES MGMT SVCS., INC
12734 KENWOOD LANE, SUITE 49
FT MYERS, FL 33907

40101223



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04052007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
16-1692903

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 type="checkbox"/> Delete	LANCASTER, JANICE 12545 STONE VALLEY LOOP FORT MYERS, FL 33913
TITLE D <input type="checkbox"/> Delete	SCHULTZ, JERRY 12549 STONE VALLEY LOOP FORT MYERS, FL 33913
TITLE D <input checked="" type="checkbox"/> Delete	LEWIS, JAMES 12613 STONE VALLEY LOOP FORT MYERS, FL 33913
TITLE ASM <input type="checkbox"/> Delete	ROEDDING, JEANNE 12734 KENWOOD LANE, SUITE 49 FT MYERS, FL 33907
TITLE NAME <input type="checkbox"/> Delete	
TITLE NAME <input type="checkbox"/> Delete	

TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Davies Warren 12661 Stone Valley Loop Fort Myers, FL 33913
TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Targia, Stan 12581 Stoney Valley Loop Fort Myers, FL 33913
TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Ball, Alan 12679 Stone Valley Loop Fort Myers, FL 33913
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <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.

SIGNATURE: Janice Lancaster Janice Lancaster 4-5-07 274-8235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #