

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000323

FILED
Jan 26, 2010
Secretary of State

Entity Name: STONEYBROOK VILLAS I AT GATEWAY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 16-1692903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEILDS, CHRISTOPHER J
1833 HENDRY ST
FT MYERS, FL 33912 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: S
Name: KIELMEYER, PAUL
Address: 12676 STONE VALLEY LOOP
City-St-Zip: FORT MYERS, FL 33913

Title: P
Name: HAGAN, JOHN
Address: 12516 STONE VALLEY LOOP
City-St-Zip: FORT MYERS, FL 33913

Title: D
Name: DAVIES, WARREN
Address: 12661 STONE VALLEY LOOP
City-St-Zip: FORT MYERS, FL 33913

Title: ASM
Name: ROEDDING, JEANNE
Address: 12734 KENWOOD LANE, SUITE 49
City-St-Zip: FT MYERS, FL 33907

Title: T
Name: TARGIA, STAN
Address: 12581 STONE VALLEY LOOP
City-St-Zip: FORT MYERS, FL 33913

Title: VP
Name: QUEBEC, MARILYN
Address: 12548 STONE VALLEY LOOP
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: JOHN HAGAN

P

01/26/2010

Electronic Signature of Signing Officer or Director

Date