

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000323

FILED  
Mar 15, 2012  
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: 12734 KENWOOD LANE #49  
City-St-Zip: FORT MYERS, FL 33907

Title: P  
Name: BALL, ALLEN  
Address: 12734 KENWOOD LANE #49  
City-St-Zip: FORT MYERS, FL 33907

Title: D  
Name: THIEL, GLEN  
Address: 12734 KENWOOD LANE #49  
City-St-Zip: FORT MYERS, FL 33907

Title: T  
Name: BEANS, JOHN  
Address: 12734 KENWOOD LANE #49  
City-St-Zip: FORT MYERS, FL 33907

Title: VP  
Name: QUEBEC, MARILYN  
Address: 12734 KENWOOD LANE #49  
City-St-Zip: FORT MYERS, FL 33907

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: BRETT RUDLAND

CAM

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date