
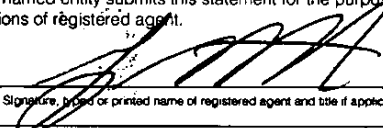
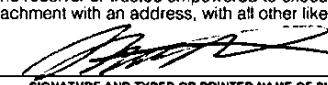


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90140 012 ****61.25

DOCUMENT # N04000008575					
1. Entity Name STONEYBROOK OAKS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 551 CATTLEMAN ROAD SUITE 202 SARASOTA, FL 34232			Mailing Address 551 CATTLEMAN ROAD SUITE 202 SARASOTA, FL 34232		
2. Principal Place of Business - No P.O. Box # 2502 W. Rocky Point Drive		3. Mailing Address ← Same			
Suite, Apt. #, etc. 1050		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State		4. FEI Number 20-3547379	
Zip 33607		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLOTTHAUER, WILLIAM G 200 S ORANGE AVE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: Gary Strohauser Street Address (P.O. Box Number is Not Acceptable): 1150 Cleveland St. Suite 300 City: Clearwater FL Zip Code: 33755		
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: 		Gary N. Strohauser		4/7/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 PD NAME KIRSCHNER, TERRY STREET ADDRESS 551 CATTLEMAN ROAD SUITE 200 CITY - ST - ZIP SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete		TITLE PD NAME John M. Ryan STREET ADDRESS 2502 W. Rocky Point Dr. Suite 1050 CITY - ST - ZIP Tpa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME WILSON, JENNIFER STREET ADDRESS 551 CATTLEMAN ROAD SUITE 200 CITY - ST - ZIP SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Mr Greg Singleton STREET ADDRESS Same as above CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME PRICE, ROBERT STREET ADDRESS 551 CATTLEMAN ROAD SUITE 202 CITY - ST - ZIP SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete		TITLE STO NAME Michael Lawson STREET ADDRESS Same as above CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 			4-8-08		813.288.8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

Michael Lawson

RECEIVED APR 25 2008