# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010411

Entity Name: STONEBROOK II HOA, INC.

**FILED** Feb 13, 2009 Secretary of State

C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 STREET, SUITE 203 MIAMI, FL 33175

C/O THE CONTINENTAL GROUP, INC. 11981 SW 144 CT STE#201 MIAMI, FL 33186

### **Current Mailing Address:**

FEI Number: 20-1834751

New Mailing Address:

C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 STREET, SUITE 203 MIAMI, FL 33175

C/O THE CONTINENTAL GROUP, INC. 11981 SW 144 CT STE#201 MIAMI, FL 33186

FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOSEPH H. GANGUZZA & ASSOCIATES, P.A. ONE SE 3 AVE STE 2150 MIAMI, FL 33131

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

FEI Number Applied For ( )

Date

#### **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition CASTRO, SONIA Name: Name: 1351 NE 41 PLACE Address: Address: City-St-Zip: HOMESTEAD, FL 33033 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition ALCALA, MOISES Name: ALCALA, MOISES Name:

Address: 1380 NE 41 PLACE Address: 1380 NE 41 PLACE City-St-Zip: HOMESTEAD, FL 33033 US City-St-Zip: HOMESTEAD, FL 33033 US

Title: () Delete Title: () Change () Addition

MORANTES, RICARDO Name: Name: 1241 NE 41 PLACE Address: Address: City-St-Zip: HOMESTEAD, FL 33033 US City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: SANCHEZ, KAREN Name: Address: 1320 NE 42 AVENUE Address: City-St-Zip: HOMESTEAD, FL 33033 US City-St-Zip:

Title: () Delete Title: ( ) Change (X) Addition

HERNANDEZ, RAY Name: Name: 1310 NE 41 PL Address: Address: HOMESTEAD, FL 33033 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICARDO MORANTES Т 02/13/2009