


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90038 021 ****61.25

DOCUMENT # N04000011766 1. Entity Name VILLAGE OF STONEYBROOK I ASSOCIATION, INC.					
Principal Place of Business TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE STE 49 FT MYERS, FL 33907			Mailing Address TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE STE 49 FT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0532573	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROEDDING, JEANNE C/O TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE STE 49 FT MYERS, FL 33907				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVEREAUX, MATT		NAME	Bonday, Barbara	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		STREET ADDRESS	17650 Bay Lake Drive	
CITY - ST - ZIP	FT MYERS, FL 33912		CITY - ST - ZIP	FT. Myers, FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOERENSON, ANDY		NAME	Smith, Matthew	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		STREET ADDRESS	2470 Ivy Brook Run #805	
CITY - ST - ZIP	FT MYERS, FL 33912		CITY - ST - ZIP	FT. Myers, FL 33913	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGAN, JOHN		NAME	Schwager, Erin	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		STREET ADDRESS	12679 Stone Valley Loop	
CITY - ST - ZIP	FT MYERS, FL 33912		CITY - ST - ZIP	FT. Myers, FL 33913	
TITLE	ASM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEDDING, JEANNE		NAME		
STREET ADDRESS	12734 KENWOOD LANE SUITE 49		STREET ADDRESS		
CITY - ST - ZIP	FT MYERS, FL 33907		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Barbara Bonday</u> <u>Barbara Bonday</u> <u>2/7/07</u> <u>239/590-9515</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					