

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011766

FILED
Apr 20, 2009
Secretary of State

Entity Name: VILLAGE OF STONEYBROOK I ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE STE 49
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE STE 49
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 51-0532573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROEDDING, JEANNE
C/O TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE STE 49
FT MYERS, FL 33907 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: D () Delete
Name: SCHWAGER, ERIC
Address: 12679 STONE VALLEY LOOP
City-St-Zip: FORT MYERS, FL 33913

Title: D () Delete
Name: FRANKLIN, BARKER
Address: 1541 LOGAN CT.
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: SMITH, MATT
Address: 9470 IVY BROOK RUN #805
City-St-Zip: FORT MYERS, FL 33913

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GORAM, JACK
Address: 9470 IVY BROOK RUN
City-St-Zip: FORT MYERS, FL 33913

Title: VP (X) Change () Addition
Name: FRANKLIN, BARKER
Address: 1541 LOGAN CT.
City-St-Zip: NAPLES, FL 34116

Title: P (X) Change () Addition
Name: BONDAY, BARBARA
Address: 9470 IVY BROOK RUN #805
City-St-Zip: FORT MYERS, FL 33913

Title: () Change () Addition
Name:
Address:
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: JEANNE ROEDDING

ASM

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date