

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011766

**FILED**  
**Jan 26, 2010**  
**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  
**Name:** GORAM, JACK  
**Address:** 9470 IVY BROOK RUN  
**City-St-Zip:** FORT MYERS, FL 33913

**Title:** VP  
**Name:** FRANKLIN, BARKER  
**Address:** 1541 LOGAN CT.  
**City-St-Zip:** NAPLES, FL 34116

**Title:** P  
**Name:** BONDAY, BARBARA  
**Address:** 9470 IVY BROOK RUN #805  
**City-St-Zip:** FORT MYERS, FL 33913

**Title:** ASM  
**Name:** ROEDDING, JEANNE  
**Address:** 12734 KENWOOD LANE SUITE 49  
**City-St-Zip:** FT 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:** BARBARA BONDAY

P

01/26/2010

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

\_\_\_\_\_  
Date