


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000011767		
1. Entity Name VILLAGES OF STONEYBROOK COMMONS ASSOCIATION, INC.		
Principal Place of Business 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	Mailing Address 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	
2. Principal Place of Business	3. Mailing Address	

FILED
05 OCT 24 PM 6:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907 USA



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12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907 USA

REINSTATEMENT 2005

FEI Number 51-0582583	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT MYERS, FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENSON, STEVE 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400060898364 10/24/05--01061--013 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sorenson, Andy 10481 Six mile Cypress Pkwy Ft. Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAGAN, JOHN 10471 SIX MILE CYPRESS PKWY SUITE 2 FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM Roedding, Jeanne 12734 Kenwood Lane, Suite 49 Fort Myers, FL 33907 <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 exemption stated in Section 119.07(3)(i), 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: Jeanne Roedding Jeanne Roedding 10/18/05 239-939-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #