

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011767

1. Entity Name
VILLAGES OF STONEYBROOK COMMONS
ASSOCIATION, INC.



Principal Place of Business
C/O TROPICAL ISLES MGMT SRVS., INC
12734 KENWOOD LANE, SUITE 49
FT MYERS, FL 33907

Mailing Address
C/O TROPICAL ISLES MGMT SRVS., INC
12734 KENWOOD LANE, SUITE 49
FT MYERS, FL 33907

FILED
08 APR 28 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08302007

Chg-NP

CR2E037 (12/06)

4. FEI Number

51-0532583

Applied For

Not Applicable

5. Certificate of Status Desired



\$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME SHORNESEON, ANDY
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ST ☒ Delete
NAME HAGAN, JOHN
STREET ADDRESS 10471 SIX MILE CYPRESS PKWY SUITE 2
CITY-ST-ZIP FT MYERS, FL 33912

TITLE ASM ☐ Delete
NAME ROEDDING, JEANNE
STREET ADDRESS 12734 KENWOOD LANE, SUITE 49
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE VP ☒ Delete
NAME DEVEREAUX, MATT
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY STE 2
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Barbara Bandy
STREET ADDRESS 7850 Bay Lake Dr
CITY-ST-ZIP Ft Myers FL 33907

TITLE VP-De: J. Jellows ☐ Change ☒ Addition
NAME
STREET ADDRESS 4400 Guy Bros Rd # 103
CITY-ST-ZIP Ft Myers FL 33913

TITLE Sec. Treas. ☐ Change ☒ Addition
NAME J. Dean
STREET ADDRESS 12000 Bain Blvd
CITY-ST-ZIP Ft Myers FL 33943

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
7001292225
05/13/08--01032--025 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

234-939-2999
205/5