2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE CORPORATIONS DOCUMENT # N05000002448 VILLAGE OF STONEYBROOK II ASSOCIATION, INC. 07 SEP -5 AM 10: 19 Principal Place of Business Mailing Address TROPICAL ISLES MANGT. SER., INC., TROPICAL ISLES MANGT. SER., INC. 12734 KENWOOD LN., SUITE 49 12734 KENWOOD LN., SUITE 49 FT MYERS, FL 33907 FT MYERS, FL 33907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07242007 Chg-NP CR2E037 (12/06) 4. FEI Number 20-2549101 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHIELDS, CHRISTOPHER J 1833 HENDRY STREET Street Address (P.O. Box Number is Not Acceptable). ____ FT MYERS, FL 33901 City Zip Code FL 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 Make check payable to find the check payable of the check payable of State 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete Gellows 2.7 TITLE TITLE Change NAME SORENSON, ANDY NAME STREET ADDRESS 10481 SIX MILE CYPRESS PKWY STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33912 CITY-ST-ZIP De Defete Addition ☐ Change TITLE TITLE DEVEREAUX, MATT NAME NAME STREET ADDRESS 10481 SIX MILE CYPRES\$ PARKWAY STREET ADDRESS FT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-7IP /000109294790 09/11/07--01017--006 **61. D Delete TITLE TITLE Addition NAME HAGAN, JOHN NAME **61.25 10481 SIX MILE CYPRESS PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33912 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROEDDING, JEANNE NAME NAME 12734 KENWOOD LANE, STE 49 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT MYERS, FL 33907 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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 ampowered 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. Jeanne 30 SIGNATURE: