


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90034 043 \*\*\*\*61.25

<b>DOCUMENT # N05000002448</b>					
<b>1. Entity Name</b> VILLAGE OF STONEYBROOK II ASSOCIATION, INC.					
<b>Principal Place of Business</b> TROPICAL ISLES MANGT. SER., INC. 12734 KENWOOD LN., SUITE 49 FT MYERS, FL 33907			<b>Mailing Address</b> TROPICAL ISLES MANGT. SER., INC. 12734 KENWOOD LN., SUITE 49 FT MYERS, FL 33907		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2549101	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to: Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> FELLOWS, REID		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 9406 IVY BROOK RUN #103	<b>CITY- ST- ZIP</b> FT MYERS, FL 33913			<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>TITLE</b> V	<b>NAME</b> CECCARELLI, DAVID		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 9409 IVY BROOK RUN #1310	<b>CITY- ST- ZIP</b> FT MYERS, FL 33913			<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>TITLE</b> ASM	<b>NAME</b> ROEDDING, JEANNE		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 12734 KENWOOD LANE, STE 49	<b>CITY- ST- ZIP</b> FT MYERS, FL 33907			<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>			<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>			<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>			<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>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.</b>					
<b>SIGNATURE:</b> <i>Reid Fellows</i>			2/12/08		(239) 278-3090
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					