

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002448

FILED
Apr 20, 2009
Secretary of State

Entity Name: VILLAGE OF STONEYBROOK II ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MANGT. SER., INC .
12734 KENWOOD LN., SUITE 49
FT MYERS, FL 33907

New Principal Place of Business:

TROPICAL ISLES MGMT. SER., INC .
12734 KENWOOD LN., SUITE 49
FT MYERS, FL 33907

Current Mailing Address:

TROPICAL ISLES MANGT. SER., INC .
12734 KENWOOD LN., SUITE 49
FT MYERS, FL 33907

New Mailing Address:

TROPICAL ISLES MGMT. SER., INC .
12734 KENWOOD LN., SUITE 49
FT MYERS, FL 33907

FEI Number: 20-2549101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FT MYERS, FL 33901 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: P () Delete
Name: FELLOWS, REID
Address: 9406 IVY BROOK RUN #103
City-St-Zip: FT MYERS, FL 33913

Title: V () Delete
Name: CECCARELLI, DAVID
Address: 9409 IVY BROOK RUN #1310
City-St-Zip: FT MYERS, FL 33913

Title: ASM () Delete
Name: ROEDDING, JEANNE
Address: 12734 KENWOOD LANE, STE 49
City-St-Zip: FT MYERS, FL 33907

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CICHERILLO, JOSEPH
Address: 9410 IVY BROOK RUN
City-St-Zip: FT MYERS, FL 33913

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: UNGER, KAREN
Address: 9420 IVY BROOK RUN
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEANNE ROEDDING

ASM

04/20/2009

Electronic Signature of Signing Officer or Director

Date