

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002448

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** VILLAGE OF STONEYBROOK II ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
Name: FELLOWS, REID  
Address: 9406 IVY BROOK RUN #103  
City-St-Zip: FT MYERS, FL 33913

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: REID FELLOWS

P

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date