

**2007-NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # N05000003073**

Entity Name  
**VILLAGE OF STONEYBROOK III ASSOCIATION, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 SEP -5 AM 10:14

600109294736  
09/11/07--01017--005 \*\*\$61.25

Principal Place of Business  
12734 KENWOOD LN  
SUITE 49  
FORT MYERS, FL 33907

Mailing Address  
12734 KENWOOD LN  
SUITE 49  
FORT MYERS, FL 33907



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07242007 Chg-NP CR2E037 (12/06)

City & State  
Zip Country

4. FEI Number  
20-2609486

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHIELDS, CHRISTOPHER J  
1833 HENDRY ST  
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 \_\_\_\_\_ (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRON, DANIEL 10481 SIX MILE CYPRESS PKWY FT. MEYERS, FL 33966	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SORENSEN, ANDY 10481 SIX MILE CYPRESS PKWY FT MEYERS, FL 33966	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DISTEPHANO, PAUL 10481 SIX MILE CYPRESS PKWY FT MEYERS, FL 33966	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> Bill Harriman - J 9465 Six Mile Brook Run #905 FT Myers FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> Jo Jean 1200 Six Mile Brook Run #1404 FT Myers FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> Chah Seelochan 100 E. Jersey Rd Lehigh Acres FL 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASM</b> Jeanne Boedding 12734 Kenwood Lane #49 FT Myers FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> 8/7/07	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and approved.

SIGNATURE: *Jeanne Boedding* ASM Boedding 7/30/07 (239) 939-2999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #