

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012549

FILED
Apr 22, 2008
Secretary of State

Entity Name: STONEYBROOK CORNER ASSOCIATION, INC.

Current Principal Place of Business:

8470 ENTERPRISE CIRCLE SUITE 201
BRADENTON, FL 34202

New Principal Place of Business:

4500 BOB BILLINGS PARKWAY
SUITE100
LAWRENCE, KS 60044 US

Current Mailing Address:

8470 ENTERPRISE CIRCLE SUITE 201
BRADENTON, FL 34202

New Mailing Address:

4500 BOB BILLINGS PARKWAY
SUITE100
LAWRENCE, KS 60044 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFLUGNER, J. GEOFFREY
8470 ENTERPRISE CIRCLE SUITE 201
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

PFLUGNER, J. GEOFFREY
8470 ENTERPRISE CIRCLE
SUITE 201
LAKEWOOD RANCH, FL 34202 US

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: J GEOFFREY PFLUGNER

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANTAULARIA, J.E.
Address: 1628 PRESTWICK DRIVE
City-St-Zip: LAWRENCE, KS 66047

Title: VPD () Delete
Name: SANTAULARIA, ANTHONY
Address: 1628 PRESTWICK DRIVE
City-St-Zip: LAWRENCE, KS 66047

Title: STD () Delete
Name: SANCHEZ, AMY
Address: 1628 PRESTWICK DRIVE
City-St-Zip: LAWRENCE, KS 66047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANTAULARIA, J.E.
Address: 4500 BOB BILLINGS PARKWAY, STE 100
City-St-Zip: LAWRENCE, KS 66044

Title: VPD (X) Change () Addition
Name: SANTAULARIA, ANTHONY
Address: 4500 BOB BILLINGS PARKWAY, STE 100
City-St-Zip: LAWRENCE, KS 66044

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

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: J. E. SANTAULARIA

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date