

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012549

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: STONEYBROOK CORNER ASSOCIATION, INC.

## Current Principal Place of Business:

4500 BOB BILLINGS PARKWAY  
SUITE100  
LAWRENCE, KS 60044 US

## New Principal Place of Business:

4500 BOB BILLINGS PARKWAY  
SUITE 100  
LAWRENCE, KS 66049 US

## Current Mailing Address:

4500 BOB BILLINGS PARKWAY  
SUITE100  
LAWRENCE, KS 60044 US

## New Mailing Address:

PO BOX 1753  
LAWRENCE, KS 66044 US

FEI Number: 20-8947794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SANTAULARIA, J.E.  
1700 BEN FRANKLIN DRIVE  
12D  
SARASOTA, FL 34236 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.E. SANTAULARIA

04/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition  
Name: SANCHEZ, AMY  
Address: 4500 BOB BILLINGS PKWY, SUITE 100  
City-St-Zip: LAWRENCE, KS 66049

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

04/15/2009

Electronic Signature of Signing Officer or Director

Date