2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004189

FILED Apr 20, 2009 Secretary of State

Entity Name: TOWNHOMES AT STONEYBROOK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10481 BEN C PRATT/6 MILE CYPRESS PKWY 12734 KENWOOD LANE, SUITE 49

FORT MYERS, FL 33966 FORT MYERS, FL 33913

Current Mailing Address: New Mailing Address:

10481 BEN C PRATT/6 MILE CYPRESS PKWY 12734 KENWOOD LANE, SUITE 49

FORT MYERS, FL 33966 FORT MYERS, FL 33913

FEI Number: 26-0513061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER J 1833 HENDRY STREET US FORT MYERS, FL 33901

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BURDETT, ANTHONY SCHUTT, ROGER Name: Name:

10481 BEN C PRATT/6 MILE CYPRESS PKWY Address: 12021 ROCK BROOK RUN Address:

City-St-Zip: FORT MYERS, FL 33966 City-St-Zip: FORT MYERS, FL 33913

Title: () Delete Title: (X) Change () Addition

MCMURRAY, DARIN Name: QUINN, DAVID Name: Address: 10481 BEN C PRATT/6 MILE CYPRESS PKWY Address: 12000 ROCK BROOK City-St-Zip: FORT MYERS, FL 33966 City-St-Zip: FORT MYERS, FL 33913

Title: STD () Delete Title: (X) Change () Addition

BILLUPS, JOHN KOPAS, STEVE Name: Name: 10481 BEN C PRATT/6 MILE CYPRESS PKWY Address: Address: 12010 ROCK BROOK

City-St-Zip: FORT MYERS, FL 33966 City-St-Zip: FORT MYERS, FL 33913

Title: () Delete Title: ASM () Change (X) Addition

Name: Name: ROEDDING, JEANNE Address: Address: 12734 KENWOOD LANE, SUITE 49

City-St-Zip: City-St-Zip: FORT MYERS, FL 33907

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