


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N46884

1. Entity Name
STONEBROOK ESTATES COMMUNITY ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -9 AM 9:02

Principal Place of Business PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY ST SARASOTA, FL 34231 US	Mailing Address PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY ST SARASOTA, FL 34231 US
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2. Principal Place of Business / No P.O. Box <i>9464 Stoneybrook Blvd</i>	3. Mailing Address <i>4301 32 ST W</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>A 20</i>

05192008 Chg-NP CR2E037 (12/06)

City & State <i>SARASOTA, FL</i>	City & State <i>BRADENTON, FL</i>	4. FEI Number 65-0308090	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34238</i>	Country <i>USA</i>	Zip <i>34205</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PROGRESSIVE COMMUNITY MGMT., INC.
1801 GLENGARY ST
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name *C&S Condo Maint Svc, Inc.*

Street Address (P.O. Box Number is not Applicable)
4301 32 ST W, A-20

City *BRADENTON* FL Zip Code *34205*

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD COX, GEORGE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4207 BALMORAL WAY	STREET ADDRESS	400131107194
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	06/10/08--01031--005 **\$61.25
TITLE	VPD TRUE, JANE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9678 KNIGHTSBRIDGE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	SD KIEFFER, LEONARD <input type="checkbox"/> Delete	TITLE	<i>DR</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4239 BALMORAL WAY	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	TD KEY, MARIE <input type="checkbox"/> Delete	TITLE	<i>SD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9755 KNIGHTS BRIDGE CIR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	AT SUTTON, WILLIAM <input checked="" type="checkbox"/> Delete	TITLE	<i>TD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1801 GLENGARY ST.	STREET ADDRESS	<i>STEVE PRIOR</i>
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	<i>4224 Balmoral Way</i>
TITLE	AS MARKEL, JIM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1801 GLENGARY ST	STREET ADDRESS	<i>SARASOTA, FL 34238</i>
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	<i>B. 6/10/08</i>

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 empowered.

SIGNATURE: *[Signature]* 5/21/08 941-758-9437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *109*