2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N93000000380

Entity Name: STONEYBROOK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7001 TEMPLE TERRACE HWY.
TEMPLE TERRACE, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

7001 TEMPLE TERRACE HWY.
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

FEI Number: 59-3180199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUARTE, ANTONIO
6221 LAND O LAKES BLVD.
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: LUIS, KEN
Address: 10209 LOCKWOOD PINES
City-St-Zip: TAMPA, FL 33635

Title: DT ( ) Delete
Name: WILLIAMS, EDWARD
Address: 10118 VISTA POINTE DR.
City-St-Zip: TAMPA, FL 33635

Title: PD ( ) Delete
Name: REED, MICHAEL
Address: 10208 VISTA POINTE DRIVE
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ENGLERT, DEBORAH
Address: 10209 VISTA POINTE DRIVE
City-St-Zip: TAMPA, FL 33635

Title: DT (X) Change ( ) Addition
Name: OSBORN, KELLY
Address: 10219 LOCKWOOD PINES
City-St-Zip: TAMPA, FL 33635

Title: DS (X) Change ( ) Addition
Name: HORNBORG, LISA
Address: 10127 VISTA POINTE DRIVE
City-St-Zip: TAMPA, FL 33635

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: DAPHINE WILSON LCAM 04/14/2009

Electronic Signature of Signing Officer or Director — Date