FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNU**A**L REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT # N93000003076 (7) STONEYBROOK GOLF AND COUNTRY CLUB, INC. Principal Place of Business Mailing Address 1048 Stx MLE CYPRESS FI. MYRBS R. 33912 US 2. Principal Place of Business Suite, Apt #, exc. 2. Suite, Apt #, exc. 3. Data Incorporation of Cualified 7. Suite Su	ANNUAL REPORT 1998 Secretary of S DIVISION OF CORPO						State		Secretary of State		
Most axt Mile CYPRESS FT. MYERS FL 33912					•	7)			 		
### STORY OF THE ST 1 2002 FT. MYTER Ft. 33912 ### STORY OF THE ST 1 2002 FT. 30012 ### STORY OF THE STORY	Principal Place of Business Mailing Address										
2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Certificate of Status Desired	10491 SIX MILE CYPRESS 10491 SIX MILE CYPRESS FT. MYERS FL 33912 FT. MYERS FL 33912								07/09/1993		
Suite, Apt. #, etc. Trust Fund Contribution Added to Fees Added to Fees Added to Fees Added to Fees Trust Fund Contribution Added to Fees Added to Fees Trust Fund Contribution To Response Added to Fees To Response Added to Response Added to Fees To Response Added to Response									65-0428151 Not Applicable		
Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, Apri. 4, etc. Sulle, April 4, etc.		Pla ce of Busin	iess	<u> </u>	- 1						
City & State City & State City	Sulte, Apt	#, etc.			Suite, Apt. #, etc.			1			
Zip	City & State City & State										
BURNS, ALAN R 10491 SIX MILE CYPRESS PKWY FORT MYERS FL 33912 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	Zip	Zip Country Zip				├			1 · · · · · · · · · · · · · · · · · · ·		
BURNS, ALAN R 10491 SIX MILE CYPRESS PKWY FORT MYERS FL 33912 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes. SIGNATURE Signature typed or perked name of registered agent and title if applicable (NOTE Registered Agent aignature required when relevatating) DATE					red Agent	1001	Π				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE	10491 \$	SIX MILE CY	/PRESS PKWY 3912				83				
SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling). DATE								- 7	FL T		
12. OFFICERS AND DIRECTORS TITLE PD OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS IN 12 TABLET ADDRESS OFFICERS AND DIRECTORS OFFICERS ADDRESS OFFICERS AND DIRECTORS OFFICERS ADDRESS OFFICERS ADDRESS OFFI	11. Pursuant office or ragent. I a	to the provisi reg iste red ag am fam iliar wi	ons of Sections 617 lent, or both, in the 9 th, and accept the c	.0502 and 617 Stale of Florida obligations of, S	7.1508, Florida St Such change w Section 617.0503	atutes, the a as authorize I, Florida Stal	bove d by tutes	e-named cor the corpora s.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD HILLMYER, MAURICE STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 14 CITY-ST-ZIP TITLE VD CRIMALDI, SAM STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 10491 SIX MILE CYPRESS PKWY STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 10491 SIX MILE CYPRESS PKWY 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE \$TD DELETE 3.1 TITLE \$TD DELETE 3.1 TITLE \$TO DELETE 3.2 NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 10491 SIX MILE CYPRESS PKWY 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition Addition Addition Change Addition	SIGNATURE .			4		OLOTE D	- 1		DATE		
TITLE PD DELETE 1.1 TITLE	12.	Signature, typed					a Age	au signature redu			
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		PD				1.1 1	TLE				
TITLE	NAME										
TITLE VO CRIMALDI, SAM STREET ADDRESS 10491 SIX MILE CYPRESS PKWY FT. MYERS FL DELETE 2.1 ITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP FT. MYERS FL DELETE 3.1 ITLE 3.2 NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME Change Addition Change Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Change Addition	1	AP LUMBA PL									
NAME CRIMALDI, SAM 10491 SIX MILE CYPRESS PKWY 2.3 STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 2.4 CITY-ST-ZIP STD			HS FL		Delete			IT-ZIP	Change Addition		
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP									C Change C Round		
FT. MYERS FL 2.4 CITY-ST-ZIP	(
TITLE \$TD DELETE 3.1 TITLE Change Addition NAME BURNS, ALAN R 32 NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP Change Addition OITY-ST-ZIP DELETÉ 4.1 TITLE Change Addition NAME 4.2 NAME Addition Addition	1			· ·							
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY 3.3 STREET ADDRESS	TITLE	\$TD			☐ DELETE	3.1 TI	TLE		t Change ☐ Additio		
CITY-ST-ZIP FORT MYERS FL 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME						3.2 N	AME				
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME		1 2 7 7		S PKWY							
NAME 4.2 NAME		FORT M	YENS FL		DELETE			ST-ZIP	Change Hadden		
	1				T OFFER				∟ change ∟ Additio		
	, · · · · · · · · · · · · · · · · · · ·	1						AUDBESS			

CITY-ST-ZIP 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

7/27/98 1-011-27

Change

Change

Addition

Addition

FILED

Aug 05 1998 8:00am