

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000383

FILED
Mar 05, 2011
Secretary of State

Entity Name: STONEBROOK MOBILE HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

2570 S SABLE POINT
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

2598 S SABLE POINT
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: 59-3370090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, ROBERT E
2598 S. SABLE POINT
HOMOSASSA, FL 34448 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: PD
Name: GETTIG, FRED
Address: 8039 W. COCONUT PALM DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: TD
Name: COX, ROBERT E
Address: 2598 S. SABLE POINT
City-St-Zip: HOMOSASSA, FL 34448

Title: SD
Name: COX, CHERYL
Address: 2598 S SABLE PT
City-St-Zip: HOMOSASSA, FL 34448

Title: VPD
Name: BACKHURST, RITA
Address: 8349 W. PROMENADE DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: ATD
Name: BROWN, EILEEN
Address: 8052 W. COCONUT DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: ASD
Name: ROBERTS, KEN
Address: 2564 S PEBBLE BROOK DRIVE
City-St-Zip: HOMOSASSA, FL 34448

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E COX

TD

03/05/2011

Electronic Signature of Signing Officer or Director

Date