

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90383 034 ****61.25

DOCUMENT # N96000003971					
1. Entity Name STONEYBROOK MASTER ASSOCIATION OF ORLANDO, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044			Mailing Address 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04142008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3347041				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434, STE 5000 LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME GREGORY, TONY STREET ADDRESS 2474 RIDGEMOOR DR CITY - ST - ZIP ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete		TITLE D NAME GREGORY, TONY STREET ADDRESS 2474 RIDGEMOOR DR CITY - ST - ZIP ORLANDO, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GELB, ALLAN STREET ADDRESS 2617 WEMBLEYCROSS WAY CITY - ST - ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE SD NAME PATAI, DAMON STREET ADDRESS 2532 FAWNLAKE TRL CITY - ST - ZIP ORLANDO, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME KRUSH, MARK STREET ADDRESS 2432 TETON STONE RUN CITY - ST - ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE D NAME BUNKE, JOHN STREET ADDRESS 2526 NORTHAMPTON AVE CITY - ST - ZIP ORLANDO, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME STEWART, DARIN STREET ADDRESS 2559 WEMBLEYCROSS WAY CITY - ST - ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE PD NAME SANTANIELLO, JOHN STREET ADDRESS 2634 NORTHAMPTON AVE CITY - ST - ZIP ORLANDO, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BAUMGARDNER, JACK STREET ADDRESS 2618 FAWNLAKE TRL CITY - ST - ZIP ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete		TITLE D NAME TERRY THERET STREET ADDRESS 14477 NOTTINGHAM WAY CIR CITY - ST - ZIP ORLANDO, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SINGH, ANAND STREET ADDRESS 14735 YOUKSHIRE RUN DR CITY - ST - ZIP ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete		TITLE D NAME KAREN MILLER STREET ADDRESS 2430 RIDGEMOOR DR CITY - ST - ZIP ORLANDO, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/08 <small>Date Daytime Phone #</small>		