


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

| | | | |
|--|------------------------|--|--|
| DOCUMENT # N98000001222 1. Entity Name STONEBROOK, A GOLF COURSE COMMUNITY OF FORT MYERS, INC. | |  | |
| Principal Place of Business 1330 RAILHEAD BLVD 4 NAPLES, FL 34110 | | Mailing Address C/O FAMILY PROPERTY SERVICES 1330 RAILHEAD BLVD STE 4 NAPLES, FL 34110 | |
| 2. Principal Place of Business - No P.O. Box # c/o Alliant Property Mgmt, LLC 6719 Winkler Road, Suite 200 Fort Myers, FL 33919 | | 3. Mailing Address c/o Alliant Property Mgmt, LLC 6719 Winkler Road, Suite 200 Fort Myers, FL 33919 | |
| 4. FEI Number 65-0839055 | | 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 FAMILY PROPERTY SERVICES 1330 RAILHEAD BLVD STE 4 NAPLES, FL 34110 | | 7. Name and Address of New Registered Agent c/o Alliant Property Mgmt, LLC 6719 Winkler Road, Suite 200 Fort Myers, FL 33919 | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u><i>M. G. Merryfield</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u>9-8-08</u> <small>DATE</small> </div> </div> | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | DP | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | MERRYFIELD, TERRY | NAME | |
| STREET ADDRESS | 21571 BRIXHAM RUN LOOP | STREET ADDRESS | |
| CITY-ST-ZIP | ESTERO, FL 33928 | CITY-ST-ZIP | |
| TITLE | DV | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | REYNOLDS, WILLIAM | NAME | |
| STREET ADDRESS | 21588 WINDHAM RUN | STREET ADDRESS | |
| CITY-ST-ZIP | ESTERO, FL 33928 | CITY-ST-ZIP | |
| TITLE | DT | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | PONCHAK, FRANK | NAME | |
| STREET ADDRESS | 21623 BERWICH RUN | STREET ADDRESS | |
| CITY-ST-ZIP | ESTERO, FL 33928 | CITY-ST-ZIP | |
| TITLE | DS | TITLE | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| NAME | JONES, QUILL | NAME | SD John Blakeley |
| STREET ADDRESS | 21609 BRIXHAM RUN LOOP | STREET ADDRESS | 21614 Helmsdale Run |
| CITY-ST-ZIP | ESTERO, FL 33928 | CITY-ST-ZIP | ESTERO, FL 33928 |
| TITLE | D | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | GROSSI, RAOUL | NAME | |
| STREET ADDRESS | 21497 SHERIDAN RUN | STREET ADDRESS | |
| CITY-ST-ZIP | ESTERO, FL 33928 | CITY-ST-ZIP | |
| TITLE | D | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | WHIRL, ANDY | NAME | |
| STREET ADDRESS | 21413 SHERIDAN RUN | STREET ADDRESS | |
| CITY-ST-ZIP | ESTERO, FL 33928 | CITY-ST-ZIP | |
| 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: <u><i>T.G. Merryfield</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>9/9/08</u> <u>239-454-1101</u> <small>Date Daytime Phone #</small> | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09082008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0839055 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAMILY PROPERTY SERVICES
1330 RAILHEAD BLVD
STE 4
NAPLES, FL 34110

Name
Street
City

7. Name and Address of New Registered Agent

c/o Alliant Property Mgmt, LLC
6719 Winkler Road, Suite 200
Fort Myers, FL 33919

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

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. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | MERRYFIELD, TERRY | |
| STREET ADDRESS | 21571 BRIXHAM RUN LOOP | |
| CITY-ST-ZIP | ESTERO, FL 33928 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | REYNOLDS, WILLIAM | |
| STREET ADDRESS | 21588 WINDHAM RUN | |
| CITY-ST-ZIP | ESTERO, FL 33928 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | PONCHAK, FRANK | |
| STREET ADDRESS | 21623 BERWICH RUN | |
| CITY-ST-ZIP | ESTERO, FL 33928 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------|---|
| TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | |
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| CITY-ST-ZIP | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #