1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000004327

1. Corporation Name

STONEYBROOK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

10491 SIX MILE CYPRESS PARKWAY, STE 101 FORT MYERS FL 33912

10491 SIX MILE CYPRESS PARKWAY. STE 101 FORT MYERS FL 33912

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90021 019 ****61.25



3. Date Incorporated or Qualifed

07/23/1998

Suite, Apt.	#. etc.	Suite.	Apt. #, etc.			4. FEI Number	Apr	olied For
22	.,	27	• • • • • • • • • • • • • • • • • • • •			65-0898843	Not	Applicable
City & Stat	e	11	& State				□ \$8.75 A Fee Rec	
Zip	Country	Zip		Country		6. Election Campaign Financing	<u> </u>	Mav Be
24	25	29	[3	30		Trust Fund Contribution	Added to	
	9. Name and Address of Curre					10. Name and Address of New Re	gistered Agent	
				81	Name			
SHIELDS, CHRISTOPHER J					Stroot Add	ress (P.O. Box Number is Not Acceptable	le)	
1833 HENDRY ST					Sileet Audi	ress (F.O. DOX Number is Not Novepubli		
FORT MYERS FL 33901								
FURI MIERO FL 33801							los Zin C	
				84	City		FL 85 Zip C	>ode
11 Questiant	to the provisions of Sections 617.0	502 and 617.150	8 Florida Statute:	s. the above	e-named core	poration submits this statement for the pu	urnose of changing its	registered
office or r	registered agent, or both, in the Stat	te of Florida. Suc	ch change was au	thorized by	the corporation	on's board of directors. I hereby accept	the appointment as reg	jistered
agent. I a	rm familiar with, and accept the oblig	gations of, Section	on 617.0503, Flori	da Statutes	4			
SIGNATURE		and title if analigal	NOTE: I	Pacintared Anal	nt ekaneture require	ed when reinstating)	DATE	
12.	Signature, typed or printed name of registered a	AND DIRECTOR		13.	it signature require	ADDITIONS/CHANGES TO OFFI		RS IN 12
TITLE	D	110 011120 1011	DELETE	1.1 TITLE			Change	☐ Additio
	GRIMES, JOSEPH			1.2 NAME				
NAME	AND ANY ARE OVEREON DE	ADKWAY STE	101		T ADDRESS			
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	MCMURRAY, DARIN			2.2 NAME				
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	} -		C DECETE	3.2 NAME			_ ,	_
NAME	BURNS, ALAN R	ADMAIAV CTE	101		TADDRESS			
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NAME					T 1000000			
STREET ADDRESS					TADORESS			
CITY OF 710	1			6.4 CITY-S	/T-ZIP			

14. 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 an attachment with an address, with all other like empowered.

SIGNATURE: