## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9800004327

1. Entity Name

## STONEYBROOK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

## Apr 14, 2001 8:00 am Secretary of State

04-14-2001 90023 050 \*\*\*\*61.25

2. Principal F /048/ 5 Suite, Apt.	IX MUE	ess CYPRESS PROLY	3. Mailing Address  10481 Six Mile Cypless Paley  Suite Apt. #, etc.			OO NOT WRITE IN THIS SPACE					
						DO NOT WRITE IN THIS SPACE					
City & Stat	_	E/	City & State FORT MYERS	· · ·		4. FEI Number 65-0898843			Applied For Not Applicable		$\frac{1}{2}$
FORT MYELS FL Zip Country			Zip	Zip Country					\$8.75 Additional		1
33912 USA			33912	USA	USA		5. Certificate of Status Desired		Fee Required		]
<del></del>	6. Name	and Address of Curren	t Registered Agent	NI		7. Name and A	Address of New Re	gistered /	lgent		]
	Name	Name									
SHIELDS,	Street Address (P.O. Box Number is Not Acceptable)										
1833 HEN								1			
FORT MY	City					Zip Cod		1			
					<u>FL</u>	12,500		]			
8. The above	named entity	submits this statement f	for the purpose of changing its r	egistered office o	r registere	ed agent, or both	, in the state of Flori	ida.			
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SIGNATURE .											
	Signature, typed	or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signal	ture required t	when reinstating)		DATE			
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ł	FILE I		, ,	<ol> <li>Election Campaign Financing</li> <li>Trust Fund Contribution.</li> </ol>		5.00 May Be Make Check P Ided to Fees Department				1	
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12. 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 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 received 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 wi

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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STREET ADDRESS

CITY-ST-ZIP

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<u>unerequired</u> SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition