


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90002 034 ****61.25

DOCUMENT # N98000004327	
1. Entity Name STONEBROOK ESTATES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912	Mailing Address 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



08312004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0898843	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SHIELDS, CHRISTOPHER J 1833 HENDRY ST FORT MYERS, FL 33901	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SORENSEN, ANDREW 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNS, ALAN R 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Baker, Meredith Leed 21120 Brayfield Loop Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS Colby, Norman 11463 Pembroke Run Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Faerber, Joseph 11400 Pembroke Run Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASIM White, William 2310 Della Dr Naples, FL 34117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: William D. White Asst. Sec. 8/31/04 239-352-6720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #