

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90113 039 \*\*\*\*61.25

**DOCUMENT # N98000004327**

1. Entity Name  
**STONEYBROOK 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**

**50049562**



04302005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0898843**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHIELDS, CHRISTOPHER J  
1833 HENDRY ST  
FORT MYERS, FL 33901**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BAKER, MEREDITH LEE  
STREET ADDRESS 21120 BRAXFIELD LOOP  
CITY-ST-ZIP ESTERO, FL 33928

TITLE DTS  
NAME COLBY, NORMAN  
STREET ADDRESS 11463 PEMBROOK RUN  
CITY-ST-ZIP ESTERO, FL 33928

TITLE DVP  
NAME FAERBER, JOSEPH  
STREET ADDRESS 11400 PEMBROKE RUN  
CITY-ST-ZIP ESTERO, FL 33928

TITLE ASM  
NAME WHITE, WILLIAM  
STREET ADDRESS 2310 DELLA DR  
CITY-ST-ZIP NAPLES, FL 34117

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 - WILLIAM D. WHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-05

Date

239-352-6780

Daytime Phone #