
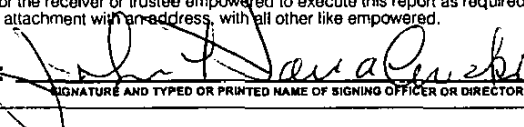


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90177 038 ****61.25

DOCUMENT # N99000001867 1. Entity Name PINECREST I AT STONEYBROOK ASSOCIATION, INC.					
Principal Place of Business LANCASTER RUN ESTERO, FL 33928			Mailing Address PO BOX 110156 NAPLES, FL 34108		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITE, WILLIAM D CAM 2310 DELLA DRIVE NAPLES, FL 34117				Name MARK RUDLAND Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Lane, Ste 49 City Ft Myers FL Zip Code 33907	
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 				NAME MARK RUDLAND DATE 4/27/06	
Filing Fee is \$61.25 Due by May 1, 2006				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	DST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERKOWSKI, JOHN		NAME		
STREET ADDRESS	27735 POINT RIDGE DR		STREET ADDRESS		
CITY - ST - ZIP	CHISAGO CITY, MN 55013		CITY - ST - ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERLINGER, CHARLES		NAME		
STREET ADDRESS	21588 PORTRUSH RUN		STREET ADDRESS		
CITY - ST - ZIP	ESTERO, FL 33928		CITY - ST - ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOWALRWSKI, JOHN		NAME		
STREET ADDRESS	21351 LANCASTER RUN # 326		STREET ADDRESS		
CITY - ST - ZIP	ESTERO, FL 33928		CITY - ST - ZIP		
TITLE	MAS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE, WILLIAM		NAME	MAS	
STREET ADDRESS	2310 DEMA DR		STREET ADDRESS	Don Reodding	
CITY - ST - ZIP	NAPLES, FL 34117		CITY - ST - ZIP	12734 Kenwood Ln, Ste 49	
TITLE	<input type="checkbox"/> Delete		TITLE	Fort Myers, FL 33907	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: 			NAME John Perkowski DATE 3-8-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		