2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012635

Entity Name: STONEYBROOK GOLF CLUB, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

551 N CATTLEMEN RD 551 N CATTLEMEN ROAD SUITE 202 SUITE 102

SARASOTA, FL 34232 SARASOTA, FL 34232

Current Mailing Address: New Mailing Address:

10707 CLAY ROAD 700 N.W. 107TH AVENUE ATTN: LEGAL SUITE 400

HOUSTON, TX 77041 S0112 400

FEI Number: 76-0669064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

S & S GOLF MANAGEMENT, INC.

11691 GATEWAY BOULEVARD, SUITE 203

FORT MYERS, FL 33913 US

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: MADONNA CUDDIHY, SR. CUSTOMER SPECIALIST 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 MCMURRAY, DARIN
 Name:
 MCMURRAY, DARIN

 Address:
 551 N CATTLEMEN RD, STE 202
 Address:
 10481 SIX MILE CYPRESS PKWY

City-St-Zip: SARASOTA, FL 34232 City-St-Zip: FORT MYERS, FL 33966

Title: DST () Delete Title: VP (X) Change () Addition

Name: BURDETT, ANTHONY J

Address: 10481 SIX MILE CYPRESS BYANY

 Address:
 551 N CATTLEMEN RD, STE 202
 Address:
 10481 SIX MILE CYPRESS PKWY

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:
 FORT MYERS, FL 33966

Title: DVP () Delete Title: VP (X) Change () Addition

Name: SQUITIERI, ANTHONY Name: SQUITIERI, ANTHONY
Address: 551 N CATTLEMEN RD, STE 202 Address: 551 N CATTLEMEN RD., STE 102

City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY SQUITIERI VP 04/23/2009