

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000012635

FILED
Aug 04, 2009
Secretary of State**Entity Name:** STONEYBROOK GOLF CLUB, INC.**Current Principal Place of Business:**551 N CATTLEMEN ROAD
SUITE 102
SARASOTA, FL 34232**New Principal Place of Business:**10481 SIX MILE CYPRESS PKWY
FORT MYERS, FL 33966**Current Mailing Address:**700 N.W. 107TH AVENUE
SUITE 400
MIAMI, FL 33172**New Mailing Address:**10481 SIX MILE CYPRESS PKWY
FORT MYERS, FL 33966**FEI Number:** 76-0669064**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**HH MANAGEMENT SERVICES
8007 34TH AVENUE EAST
BRADENTON, FL 34211 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: DENNIS K COLLETTI

08/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MCMURRAY, DARIN
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: VP () Delete
Name: BURDETT, ANTHONY J
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: VP () Delete
Name: SQUITIERI, ANTHONY
Address: 551 N CATTLEMEN RD., STE 102
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MCMURRAY, DARIN
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: PD (X) Change () Addition
Name: BURDETT, ANTHONY J
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: STD (X) Change () Addition
Name: HURST, BRYAN
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

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: DENNIS K COLLETTI

RA

08/04/2009

Electronic Signature of Signing Officer or Director

Date