

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000090197

1. Entity Name
STONEBROOK ESTATES, INC.



Principal Place of Business
**7227 CLINT MOORE ROAD
BOCA RATON, FL 33496**

Mailing Address
**7227 CLINT MOORE ROAD
BOCA RATON, FL 33496**

DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0623137

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVINE, JEFFREY A
6751 N. FEDERAL HIGHWAY
SUITE 301
BOCA RATON, FL 33487**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ANSEL, JEROME V
STREET ADDRESS	7227 CLINTMOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	VP/S
NAME	REITSMA, RONALD
STREET ADDRESS	7227 CLINTMOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	VP
NAME	KIRIAON, ARTHUR
STREET ADDRESS	7227 CLINTMOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80128-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08

Date

561-487-0200

Daytime Phone #