

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001433

**FILED**  
**May 04, 2022**  
**Secretary of State**  
**0847464629CC**

**Entity Name:** STONEYBROOK AT HERITAGE HARBOUR COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

200 GOLDEN HARBOUR TRAIL  
BRADENTON, FL 34212

**Current Mailing Address:**

200 GOLDEN HARBOUR TRAIL  
BRADENTON, FL 34212 US

**FEI Number: 65-1059004**

**Certificate of Status Desired: No**

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

LAW OFFICES OF WELLS OLAH COCHRAN, P.A.  
3277 FRUITVILLE ROAD  
BUILDING B  
SARASOTA, FL 34237 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILLIAMS, DICK  
Address        200 GOLDEN HARBOUR TRAIL  
City-State-Zip: BRADENTON FL 34212

Title            TREASURER  
Name            TROPP, IRA  
Address        200 GOLDEN HARBOUR TRAIL  
City-State-Zip: BRADENTON FL 34212

Title            VP, SECRETARY  
Name            BAKALAR, TOM  
Address        200 GOLDEN HARBOUR TRAIL  
City-State-Zip: BRADENTON FL 34212

Title            SECRETARY  
Name            BRANTLEY, CHRISTINA  
Address        200 GOLDEN HARBOUR TRAIL  
City-State-Zip: BRADENTON FL 34212

Title            DIRECTOR  
Name            ZEINER, EUGENE  
Address        200 GOLDEN HARBOUR TRAIL  
City-State-Zip: BRADENTON FL 34212

Title            DIRECTOR  
Name            KAZMER, GARY  
Address        200 GOLDEN HARBOUR TRAIL  
City-State-Zip: BRADENTON FL 34212

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: IRA TROPP**

**TREASURER**

**05/04/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date