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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000883 (8)**

1. Corporation Name

STONEBROOK CLUBSIDE CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CONDOMINIUM MANAGEMENT, INC
1801 GLENGARY STREET
SARASOTA FL 34231-3603
US

CONDOMINIUM MANAGEMENT, INC
1801 GLENGARY STREET
SARASOTA FL 34231-3603
US

3. Date Incorporated or Qualified
02/18/1994

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, PAUL R JR
CONDOMINIUM MANAGEMENT, INC
1801 GLENGARY STREET
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **MACIEL, LIONEL**

1.2 NAME

STREET ADDRESS **8300 CLUBSIDE CIRCLE, UNIT #1209**

1.3 STREET ADDRESS

CITY-ST-ZIP **SARASOTA FL 34238**

1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **MATLAGA, ELAINE**

2.2 NAME

STREET ADDRESS **8300 CLUBSIDE CIRCLE**

2.3 STREET ADDRESS

CITY-ST-ZIP **SARASOTA FL 34238**

2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **FERRARO, JOSEPHINE**

3.2 NAME

STREET ADDRESS **8300 CLUBSIDE CIRCLE**

3.3 STREET ADDRESS

CITY-ST-ZIP **SARASOTA FL 34238**

3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **GUIDERA, JOHN**

4.2 NAME

STREET ADDRESS **8300 CLUBSIDE CIRCLE, UNIT #1302**

4.3 STREET ADDRESS

CITY-ST-ZIP **SARASOTA FL 34238**

4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **DENK, FRED W**

5.2 NAME

STREET ADDRESS **8300 CLUBSIDE CIRCLE, UNIT 1301**

5.3 STREET ADDRESS

CITY-ST-ZIP **SARASOTA FL 34238**

5.4 CITY-ST-ZIP

TITLE **AS** ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **CLARK, P. RICHARD**

6.2 NAME

STREET ADDRESS **1801 GLENGARY STREET**

6.3 STREET ADDRESS

CITY-ST-ZIP **SARASOTA FL**

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, as changed, upon an attachment to an address.

SIGNATURE:

P. Richard Clark **4/23/97**

P. Richard Clark
941-921-5393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 00000000

CR2E037 (9/96)