

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001303**

1. Corporation Name

STONECASTLE AT SOUTHWOOD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

899 WOODBRIDGE DR.
VENICE FL 34293

Mailing Address

899 WOODBRIDGE DR.
VENICE FL 34293

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90208 005 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/11/1994

4. FEI Number

65-0512887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JORDAN, DONNA
ADVANCED MANAGEMENT INC.
899 WOODBRIDGE DR.
VENICE FL 34293

10. Name and Address of New Registered Agent

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 *Donna S. Jordan*
Signature, typed or printed name of registered agent and title if applicable.

Donna S. Jordan
(NOTE: Registered Agent signature required when reinstating)

4/6/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BISHOP, BRAD
STREET ADDRESS 899 WOODBRIDGE DR.
CITY-ST-ZIP VENICE FL 34293 ☐ DELETE

TITLE DST
NAME PAEZ, KAREN
STREET ADDRESS 899 WOODBRIDGE DR.
CITY-ST-ZIP VENICE FL 34293 ☒ DELETE

TITLE DV
NAME TISCHLER, LESLIE
STREET ADDRESS 899 WOODBRIDGE DR.
CITY-ST-ZIP VENICE FL 34293 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Bishop, Brad
1.3 STREET ADDRESS 899 Woodbridge Drive
1.4 CITY-ST-ZIP Venice, FL 34293

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Bolger, Kelly
2.3 STREET ADDRESS 899 Woodbridge Drive
2.4 CITY-ST-ZIP Venice, FL 34293

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Tisci, Ken
3.3 STREET ADDRESS 899 Woodbridge Drive
3.4 CITY-ST-ZIP Venice, FL 34293

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Martin, Rick
4.3 STREET ADDRESS 899 Woodbridge Drive
4.4 CITY-ST-ZIP Venice, FL 34293

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Nick, Bill
5.3 STREET ADDRESS 899 Woodbridge Drive
5.4 CITY-ST-ZIP Venice, FL 34293

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Donnelly, Mic
6.3 STREET ADDRESS 899 Woodbridge Drive
6.4 CITY-ST-ZIP Venice, FL 34293

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 129.07(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 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

William Nick

4/15/99
Date

(941) 493-0287
Daytime Phone #

CR2E037 (11/98)