


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90203 019 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N95000000332

1. Corporation Name
STONEBROOK CLUBSIDE SOUTH ASSOCIATION III, INC.

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| Principal Place of Business C/O CONDOMINIUM MGMT., INC 1801 GLENGARY ST. SARASOTA FL 34231-3603 | Mailing Address C/O CONDOMINIUM MGMT., INC 1801 GLENGARY ST. SARASOTA FL 34231-3603 |
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|---|--|---|--------------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 01/20/1995 | 4. FEI Number 65-0557775 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |

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| 9. Name and Address of Current Registered Agent CONDOMINIUM MGMT., INC 1801 GLENGARY ST. SARASOTA FL 34231-3603 | 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 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | VD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EASTON, MICHAEL F MR | 1.2 NAME | |
| STREET ADDRESS | 9630 CLUB SOUTH CIR, UNIT 6204 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DON D DOSTER | 2.2 NAME | |
| STREET ADDRESS | 9360 CLUB SOUTH CIR #6206 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34238 | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONDON, DENNIS E MR. | 3.2 NAME | |
| STREET ADDRESS | 9360 CLUB SOUTH CIR., UNIT 6207 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34238 | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUKER, LUKE M | 4.2 NAME | |
| STREET ADDRESS | 9630 CLUB SOUTH CIR., UNIT 6202 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 4.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOW, RAYMOND M MR. | 5.2 NAME | |
| STREET ADDRESS | 9630 CLUB SOUTH CIR, UNIT 6308 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34238 | 5.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARK, RICHARD | 6.2 NAME | |
| STREET ADDRESS | 1801 GLENGARY ST. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 6.4 CITY-ST-ZIP | |

14. I 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: P. Richard Clark 4/15/99 P. Richard Clark 941-921-5293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

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