2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N95000000332 May 16, 2000 8:00 am Secretary of State 1. Entity Name STONEYBROOK CLUBSIDE SOUTH ASSOCIATION III, INC. 05-16-2000 90012 005 ****61.25 Principal Place of Business Mailing Address C/O CONDOMINIUM MGMT. INC C/O CONDOMINIUM MGMT.. INC 1801 GLENGARY ST. 1801 GLENGARY ST. SARASOTA FL 34231-3603 SARASOTA FL 34231-3603 2. Principal Place of Business 3. Mailing Address Advanced Management, Inc. Advanced Management, Inc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5899 Whitfield Avenue. 5899 Whitfield Avenue. Applied For City & State City & State 4. FEI Number 65-0557775 Not Applicable <u>Sarasota, FL</u> Sarasota. 34243 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Advanced Management Inc. Street Address (P.O. Box Number's Not Acceptable) 5899 Whitfield Ave. CONDOMINIUM MGMT., INC 1801 GLENGARY ST. SARASOTA FL 34231-3603 Zip Code 34243 Sarasota 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. SIGNATURE DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE Change TITLE ☐ Delete EASTON, MICHAEL F MR NAME NAME 9630 CLUB SOUTH CIR, UNIT 6204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Addition TITLE Delete DON DIDOSTER HI COM COM STO NAME NAME Anne Meo 9630 Club South Circle #6204 STREET ADDRESS STREET ADDRESS 9360 CLUB SOUTH CIR #6206 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 arasota Change ☐ Addition PD ☐ Delete TITLE TITLE CONDON, DENNIS E MR. NAME NAME STREET ADDRESS STREET ADDRESS 9360 CLUB SOUTH CIR., UNIT 6207 CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34238 ☐ Addition TD ☐ Delete TITLE ☐ Change TITLE NAME luker. Luke M NAME STREET ADDRESS STREET ADDRESS 9630 CLUB SOUTH CIR., UNIT 6202 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL SD ☐ Change Addition TITLE ☐ Delete TITLE YOW, RAYMOND M MR. NAME NAME STREET ADDRESS 9630 CLUB SOUTH CIR, UNIT 6308 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 Delete TITLE ☐ Change ☐ Addition TITLE WILSON, DOUGLAS E. 5899 WHITFIELD AVE., #107 NAME CLARK, RICHARD NAME STREET ADDRESS 1801 GLENGARY ST. STREET ADDRESS CITY-ST-ZIP SARASOTA CITY-ST-7IP SARASOTA FL

SIGNATURE: X MIRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytone #

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if