FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

14. I do hereby certify that the information st certify that the information indicated on oath; that I am an officer or director of appears in Block 12 or Block

CITY-ST-7/P

TITLE

NAME

1996

N95000003344 (7) DOCUMENT #

STONEYBROOK TERRACE	ASSOCIATION L	INC.
ATUNETOROUR TENNAVE	ACCOUNTION II	1110

Mailing Address Principal Place of Business 5975 CATTLEMEN LANE 5975 CATTLEMEN LANE SARASOTA FL 34232 SARASOTA FL 34232 3a. Date of Last Report 3. Date Incorporated or Qualified 07/10/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business <u>65-0605363</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required Condominium Management, Inc. Condominium Management, Inc. \$5.00 May Be 6. Election Campaign Financing 1801 Glengary Street 1801 Glengary Street \Box Added to Fees Trust Fund Contribution Sarasota, FL 34231-3603 Sarasota, FL 34231-3603 8. This corporation has liability for intangible tay under s. 199.032, Yes Mo Florida Statutes |29| 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SWALM & MURRELL, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 2375 TAMIAMI TRAIL N., SUITE 308 RZ NAPLES FL 33940 Zip Code 85 City 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: Flagistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition X Change DELETE 1.1 TITLE THLE CR2E037 1.2 NAME Charles Danna GRAHAM, WILLIAM NAME 4900 Cent. Sarasota Pkwy. 1.3 STREET ADDRESS STREET ADDRESS 5975 CATTLEMEN LANE Sarasota, FL 34238 14 CITY-ST-ZIP SARASOTA FL 34232 CITY - ST - ZIP ■ Addition DELETE 2.3 TITLE TITLE Robert Allegra 2.2 NAME ALLEGRA, ROBERT NAME 5975 Cattlemen Road 2.3 STREET ADDRESS 5975 CATTLEMEN LANE STREET ADDRESS Sarasota, FL 2.4 CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP X Change Addition STD DELETE 3 1 TITLE TITLE Todd Kerber 3.2 NAME COTTERMAN, ROBERT NAME 3.3 STREET ADDRESS 5975 Cattlemen Road 5975 CATTLEMEN LANE STREET ADDRESS Sarasota, FL 34232 3.4 CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP Change Addition DELETE 4.1 TITLE AS TITLE 4. 2 NAME P. Richard Clark NAME 4.3 STREET ADDRESS 1801 Glengary Street STREET ADDRESS Sarasota, FL 34231 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 7(1) 5 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 500001792555 -04724796--01050--018^{Change}

54 CITY-ST-ZIP

6.3 STREET ADDRESS

and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further report is true and accurate and that my signature shall have the same legal effect as if made under indevered to execute this report as required by Ghapter 617, Florida Statutes; and that my name

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

polied with this filing is voluntarily furnishing armual report or supplemental annual

or the receiver or truster

Addition