

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003344 (7)
 1. Corporation Name
STONEBROOK TERRACE ASSOCIATION I, INC.



Principal Place of Business CONDOMINIUM MANAGEMENT INC. 1801 GLENGARY STREET SARASOTA FL 34232	Mailing Address CONDOMINIUM MANAGEMENT INC. 1801 GLENGARY STREET SARASOTA FL 34231-3803
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3. Date Incorporated or Qualified 07/10/1995	3a. Date of Last Report 04/23/1996
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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
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4. FEI Number 65-0605363	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SWALM & MURRELL, P.A.
 2375 TAMiami TRAIL N., SUITE 308
 NAPLES FL 33940**

10. Name and Address of New Registered Agent
 81. Name **Condominium Management Inc.**
 82. Street Address (P.O. Box Number is Not Acceptable)
1801 Glengary St
 83.
 84. City **Sarasota** FL 85. Zip Code **34231**

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 *Richard Clark* DATE **6/10/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAHAM, WILLIAM		1.2 NAME
STREET ADDRESS 5975 CATTLEMEN LANE		1.3 STREET ADDRESS
CITY-ST-ZIP SARASOTA FL 34232		1.4 CITY-ST-ZIP
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLEGRA, ROBERT		2.2 NAME
STREET ADDRESS 5975 CATTLEMEN LANE		2.3 STREET ADDRESS
CITY-ST-ZIP SARASOTA FL 34232		2.4 CITY-ST-ZIP
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COTTERMAN, ROBERT		3.2 NAME
STREET ADDRESS 5975 CATTLEMEN LANE		3.3 STREET ADDRESS
CITY-ST-ZIP SARASOTA FL 34232		3.4 CITY-ST-ZIP
TITLE PO	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANNA, CHARLES		4.2 NAME
STREET ADDRESS 4000 CENT. SARASOTA PKWY.		4.3 STREET ADDRESS
CITY-ST-ZIP SARASOTA FL		4.4 CITY-ST-ZIP
TITLE STD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KERBER, TODD		5.2 NAME
STREET ADDRESS 5975 CATTLEMEN RD.		5.3 STREET ADDRESS
CITY-ST-ZIP SARASOTA FL		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 P		6.2 NAME
STREET ADDRESS 1801 GLENGARY ST.		6.3 STREET ADDRESS
CITY-ST-ZIP SARASOTA FL		6.4 CITY-ST-ZIP

SEE ATTACHED

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 if changed, or on an attachment with an address.

CR2E037 (9/96)

ST1

Stoneybrook Terrace Association I, Inc.

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Manager TEAM

Local Address

Date Printed: 3/31/97
Alternate Address

P/D

Mr. Paul duKor

V/D

**Mr. Willard Anderson
8755 Olde Hickory Avenue
Unit #7301
Sarasota, FL 34238**

S/T/D

**Ms. Betty Ann Orr
8755 Olde Hickory Avenue
Unit #7208
Sarasota, FL 34238**

D

**Mr. Joseph M. Gardner
8755 Olde Hickory Avenue
Unit #7304
Sarasota, FL 34238**

D

**Mr. Thomas C. Mayl
8755 Olde Hickory Avenue
Unit #7105
Sarasota, FL 34238**

AS

Mr. P. Richard Clark

AT

Mr. Paul R. Clark Jr.