

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

0000110

**DOCUMENT # N95000003344**

1. Entity Name

**STONEBROOK TERRACE ASSOCIATION I, INC.**

04-30-2001 90083 012 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

**CONDOMINIUM MANAGEMENT INC.  
 1801 GLENGARY STREET  
 SARASOTA FL 34232**

**CONDOMINIUM MANAGEMENT INC.  
 1801 GLENGARY STREET  
 SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0605363**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDOMINIUM MANAGEMENT INC  
 1801 GLENGARY ST  
 SARASOTA FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CARTON, BARBARA</b><br><b>206 BENDERMERE AVE</b><br><b>INTERLAKEN NJ 07712</b>                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ANDERSON, WILLARD M</b><br><b>8755 OLDE HICKORY AVE, UNIT 7301</b><br><b>SARASOTA FL 34238</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>MAYL, THOMAS C MR</b><br><b>8755 OLDE HICKORY AVE, UNIT 7105</b><br><b>SARASOTA FL</b>        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LYONS, ROBERT J</b><br><b>239 TANGLEWOOD DRIVE</b><br><b>EAST GREENWICH RI 02818</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS</b><br><b>CLARK, RICHARD P</b><br><b>1801 GLENGARY ST.</b><br><b>SARASOTA FL</b>                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|  |                     |  |
|--|---------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SEE ATTACHED</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 changed, or on an attachment with an address, with all other like information.

SIGNATURE: \_\_\_\_\_

*Richard Clark* **Richard Clark** 4/23/01 941-921-5393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

ST1

Stoneybrook Terrace Association I, Inc.

Page : 1

Manager: TEAM

Local Address

Date Printed:

04/19/01

Code

|       | Local Address  | Date Printed:           | Code |
|-------|--|-------------------------|------|
| P/D   | Mr. Thomas C. Mayl<br>8755 Olde Hickory Avenue<br>Unit #7105<br>Sarasota, FL 34238   | Attachment              | 10   |
| V/D   | Mr. Michael F. Connors<br>8755 Old Hickory Avenue<br>Unit 7106<br>Sarasota, FL 34238 |                         | 12   |
| S/T/D | Mr. David Buehlmann<br>8755 Olde Hickory Ave.<br>Unit #7210<br>Sarasota, FL 34238    | #195060003344<br>752345 | 35   |
| D     | Mr. Willard Anderson<br>8755 Olde Hickory Avenue<br>Unit #7301<br>Sarasota, FL 34238 |                         | 40   |
| D     | Ms. Barbara Carton<br>206 Bendermere Ave.<br>Interlaken, NJ 07712                    |                         | 40   |
| AS    | Mr. P. Richard Clark<br>1801 Glengary Street<br>Sarasota, FL 34231                   |                         | 50   |
| AT    | Mr. Paul R. Clark, Jr.<br>1801 Glengary Street<br>Sarasota, FL 34231                 |                         | 55   |