
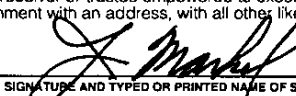


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90284 014 ****61.25

| | | | |
|---|--|--|--|
| DOCUMENT # N95000003344 | |  | |
| 1. Entity Name STONEBROOK TERRACE ASSOCIATION I, INC. | | | |
| Principal Place of Business PROGRESSIVE COMMUNITY MGMT INC 1801 GLENGARY STREET SARASOTA, FL 34231 | | Mailing Address PROGRESSIVE COMMUNITY MGMT INC 1801 GLENGARY STREET SARASOTA, FL 34231 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent PROGRESSIVE COMMUNITY MGMT, INC 1801 GLENGARY ST SARASOTA, FL 34231 | | 7. Name and Address of New Registered Agent | |
| | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ANDERSON, WILLARD M 8755 OLDE HICKORY AVE, UNIT 7301 SARASOTA, FL 34238 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Delete MAL, THOMAS 8755 OLDE HICKORY AVE, UNIT 7105 SARASOTA, FL 34238 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD <input type="checkbox"/> Delete MARQUARDT, THOMAS 8755 OLDE HICKORY AVE. UNIT #7207 SARASOTA, FL 34238 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete DOMENICK, LILLIAN 8755 OLDE HICKORY AVE. UNIT #7101 SARASOTA, FL 34238 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS <input type="checkbox"/> Delete MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT <input type="checkbox"/> Delete SUTTON, WILLIAM 1801 GLENGARY ST SARASOTA, FL 34231 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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)(f), 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 empowered. | | | |
| SIGNATURE:  | | Jim MARKEL 4/15/05 941-921-5393 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |