
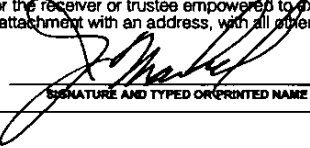


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90006 014 \*\*\*\*61.25

<b>DOCUMENT # N95000003344</b>					
1. Entity Name <b>STONEBROOK TERRACE ASSOCIATION I, INC.</b>					
Principal Place of Business <b>PROGRESSIVE COMMUNITY MGMT INC 1801 GLENGARY STREET SARASOTA, FL 34231</b>			Mailing Address <b>PROGRESSIVE COMMUNITY MGMT INC 1801 GLENGARY STREET SARASOTA, FL 34231</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0605363</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PROGRESSIVE COMMUNITY MGMT, INC 1801 GLENGARY ST SARASOTA, FL 34231</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KING, RICHARD</b>		NAME		
STREET ADDRESS	<b>8755 OLDE HICKORY AVE #7210</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARQUARDT, THOMAS</b>		NAME	<b>CLINE, JERRY</b>	
STREET ADDRESS	<b>8755 OLDE HICKORY AVE. UNIT #7207</b>		STREET ADDRESS	<b>8755 OLDE HICKORY AVENUE #7106</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>		CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOMENICK, LILLIAN</b>		NAME	<b>SHUSTER, JEROME</b>	
STREET ADDRESS	<b>8755 OLDE HICKORY AVE. UNIT #7101</b>		STREET ADDRESS	<b>8755 OLDE HICKORY AVE, #720</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>		CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARKEL, JIM</b>		NAME		
STREET ADDRESS	<b>1801 GLENGARY STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP		
TITLE	<b>AT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SUTTON, WILLIAM</b>		NAME		
STREET ADDRESS	<b>1801 GLENGARY ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIBBERD, PAUL</b>		NAME		
STREET ADDRESS	<b>8755 OLDE HICKORY AVE, UNIT 7204</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 		<b>JIM MARKEL 3/28/08 941-921-5393</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	