

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01 1999 8:00 am
Secretary of State

DOCUMENT # N96000002500 (4)

1. Corporation Name

Stoneybrook Terrace Association II
Inc.

Principal Place of Business

1801 Glengary St.
Sarasota, FL 34231

Mailing Address

1801 Glengary St.
Sarasota, FL 34231

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/06/96
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0672798
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

Condominium Management, Inc.
1801 Glengary Street
Sarasota, Florida 34231

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

P. R. CLARK P.R. CLARK CHAIRMAN 4/7/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	600002898806-5
STREET ADDRESS		1.3 STREET ADDRESS	-06/08/99--01083--004
CITY-ST-ZIP		1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	600002898806-5
STREET ADDRESS		2.3 STREET ADDRESS	-06/08/99--01083--005
CITY-ST-ZIP		2.4 CITY-ST-ZIP	*****61.25 *****65.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

ST2**Stoneybrook Terrace Association II, Inc.**

Page : 1

Manager Tm A

Local Address

Date Printed:

5/25/99

Code

P/D

Mrs. Davon M. Rice
8735 Olde Hickory Ave.
Unit #8203
Sarasota, FL 34238

10

V/D

Mr. David W. Robinson
8735 Olde Hickory Ave.
Unit #8303
Sarasota, FL 34238

12

S/D

Ms. Mona Miller
8735 Olde Hickory Avenue
Unit #8308
Sarasota, FL 34238

25

T/D

Mr. Francis Howe
8735 Olde Hickory Avenue
Unit #8201
Sarasota, FL 34238

30

D

Mr. Gerald Holwerda
8735 Olde Hickory Avenue
Unit #8110
Sarasota, FL 34238

40

AS

Mr. P. Richard Clark
1801 Glengary Street
Sarasota, FL 34231

50

AT

Mr. Paul R. Clark, Jr.
1801 Glengary Street
Sarasota, FL 34231

55

Stoneybrook Terrace Association II, Inc.

**1801 Glengary Street
Sarasota, Florida 34231-3603**

3

May 25, 1999

Florida Department of State
Tyrone Scott, Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Letter Number: 999A00025461

Dear Mr. Scott:

Per your letter # 999A00025461 dated May 10, 1999, stating that we did not file a 1998 corporate annual report form, I am attaching a copy.

In looking back through our bank statement, the check never cleared. Therefore, I am enclosing a copy of the 1998 corporate annual report form with a copy of the original check that was sent and a new check #1364 in the amount of \$65.00 to replace check # 1213 dated April 28, 1998.

I am also enclosing the copy of the 1999 corporate annual report, a copy of the directors and the original check # 1347 for \$61.25 dated April 5, 1999 that was sent to you.

If you have any questions, please feel free to call me at (941) 921-6684 extension 16. Thank you for your help in this matter.

Sincerely,



P. Richard Clark
Assistant Secretary

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

JUN-2 2:11:51

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020173

1. Corporation Name

DASH GROUP, INC.

Principal Place of Business

965 16th Avenue South
Naples, FL 33940

Mailing Address

P. O. Box 3229
Naples, FL 34106-3229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/27/98

4. FEI Number

65-0663459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 695 16th Avenue South

26 Suite, Apt #, etc.

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

23 City & State

28 City & State

23 Naples, FL

28 Naples, FL

24 Zip

25 Country

29 Zip

30 Country

24 34102

25 USA

29 34102

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent:

Joe B. Cox
c/o Cummings & Lockwood
3001 Tamiami Trail North
Naples, FL 34103

81 Name

CLASP Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
3001 Tamiami Trail North

83

84 City
Naples

FL

85 Zip Code
34103

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Sheila J. Kallemt

(NOTE: Registered Agent signature required when reinstating)

5/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME Janet Storey
STREET ADDRESS 965 16th Avenue South
CITY-ST-ZIP Naples, FL 33940

TITLE D ☐ DELETE
NAME Erik Akins
STREET ADDRESS c/o 965 16th Avenue South
CITY-ST-ZIP Naples, FL 33940

TITLE D ☐ DELETE
NAME Michale Haller
STREET ADDRESS c/o 965 16th Avenue South
CITY-ST-ZIP Naples, FL 33940

TITLE D ☐ DELETE
NAME Carl Draucker
STREET ADDRESS c/o 965 16th Avenue South
CITY-ST-ZIP Naples, FL 33940

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Janet Storey
1.3 STREET ADDRESS 965 16th Avenue South
1.4 CITY-ST-ZIP Naples, FL 34102

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Erik Akins
2.3 STREET ADDRESS 695 16th Avenue South
2.4 CITY-ST-ZIP Naples, FL 34102

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Michael Haller
3.3 STREET ADDRESS 695 16th Avenue South
3.4 CITY-ST-ZIP Naples, FL 34102

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Carl Draucker
4.3 STREET ADDRESS 695 16th Avenue South
4.4 CITY-ST-ZIP Naples, FL 34102

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DASH GROUP, INC.

By:

Janet Storey

5-6-99

(941) 649-1731

Date

Daytime Phone #

CR2E034 (11/98)