

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000883

FILED
May 19, 2020
Secretary of State
5848554661CC**Entity Name:** STONEYBROOK CLUBSIDE CONDOMINIUM I ASSOCIATION, INC.**Current Principal Place of Business:**ADVANCE MGT, INC, OF SW FLORIDA
9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202**Current Mailing Address:**ADVANCE MGT, INC, OF SW FLORIDA
9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202 US**FEI Number: 65-0473227****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ADVANCED MGT, INC. OF SW FLORIDA
9301 TOWN CENTER PARKWAY
BRADENTON, FL 34202 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	EMMER, YALE
Address	9031 TOWN CENTER PARKWAY
City-State-Zip:	BRADENTON FL 34202

Title	VP
Name	RUSO, RANDI
Address	ADVANCE MGT, INC, OF SW FLORIDA 9031 TOWN CENTER PARKWAY
City-State-Zip:	BRADENTON FL 34202

Title	TREASURER
Name	RHINE, ALISA
Address	ADVANCE MGT, INC, OF SW FLORIDA 9031 TOWN CENTER PARKWAY
City-State-Zip:	BRADENTON FL 34202

Title	AS
Name	WILSON, DOUGLAS
Address	9031 TOWN CENTER PARKWAY
City-State-Zip:	BRADENTON FL 34202

Title	DIRECTOR
Name	OBSTARCZYK, JOHN
Address	ADVANCE MGT, INC, OF SW FLORIDA 9031 TOWN CENTER PARKWAY
City-State-Zip:	BRADENTON FL 34202

Title	DIRECTOR
Name	KUNELSMAN, JOHN
Address	ADVANCE MGT, INC, OF SW FLORIDA 9031 TOWN CENTER PARKWAY
City-State-Zip:	BRADENTON FL 34202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS WILSON**ASST. SECRETARY****05/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date