

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003344

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC0777793270**

**Entity Name:** STONEYBROOK TERRACE ASSOCIATION I, INC.

**Current Principal Place of Business:**

2477 STICKNEY POINT RD SUITE  
SUITE 118A  
SARASOTA, FL 34231

**Current Mailing Address:**

2477 STICKNEY POINT RD SUITE 118A  
SARASOTA, FL 34231 US

**FEI Number:** 65-0605363

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARGUS PROPERTYMANAGMENT  
2477 STICKNEY POINT RD  
SUITE 118A  
SARASOTA, FL 34231 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 SD  
Name DOMENICK, LILLIAN  
Address 8755 OLDE HICKORY #7101  
City-State-Zip: SARASOTA FL 34238

Title VPD  
Name FLECKENSTEIN, ROBERT  
Address 8755 OLDE HICKORY #7205  
City-State-Zip: SARASOTA FL 34238

Title PD  
Name SHUSTER, JEROME  
Address 8755 OLDE HICKORY #7207  
City-State-Zip: SARASOTA FL 34238

Title TREASURER  
Name KARSNAK, MIKE  
Address 8755 OLDE HICKORY #7207  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name GRAY, LINDA  
Address 8755 OLDE HICKORY #7303  
City-State-Zip: SARASOTA FL 34238

*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:** JEROME SHUSTER

**PRESIDENT**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date