


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90179 034 ****61.25

DOCUMENT # N94000000882					
1. Entity Name STONEYBROOK CLUBSIDE COMMONS ASSOCIATION, INC.					
Principal Place of Business PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY ST. SARASOTA, FL 34231			Mailing Address PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY ST. 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	4. FEI Number 65-0473235	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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 STD NAME MACIEL, LIOINEL STREET ADDRESS 9300 CLUBSIDE CIRCLE, UNIT #1209 CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete		TITLE PD NAME GRAMZA, FELIX STREET ADDRESS 9330 CLUBSIDE CIRCLE, #3103 CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME GROBEN, BILL STREET ADDRESS 9330 CLUBSIDE CIRCLE, #3310 CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME EMMER, YALE STREET ADDRESS 9300 CLUBSIDE CIRCLE, #1310 CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AS NAME MARKEL, JIM STREET ADDRESS 1801 GLENGARY ST. CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE STD NAME THOMPSON, MICHAEL STREET ADDRESS 9320 CLUBSIDE CIRCLE, #2103 CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME GANT, GEORGE STREET ADDRESS 9320 CLUBSIDE CIRCLE, #2309 CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AT NAME SUTTON, WILLIAM STREET ADDRESS 1801 GLENGARY ST. CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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 I am empowered.					
SIGNATURE: _____ <i>Jim Markel</i> Jim MARKEL 4/17/06 941-921-5393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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