FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9400000883

1. Corporation Name

STONEYBROOK CLUBSIDE CONDOMINIUM I ASSOCIATION. INC.

Principal Place of Business
CONDOMINIUM MANAGEMENT, INC
1801 GLENGARY STREET
SARASOTA FL 34231-3603
US

Mailing Address

CONDOMINIUM MANAGEMENT. INC 1801 GLENGARY STREET SARASOTA FL 34231-3603

FILED Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90203 013 ****61.25



2. Principal Place of Business		2a. Mailing Address			Date Incorporated or Qualifed			
21		26			02/18/1994			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	App	lied For		
22		27			65-0473227	Not	Applicable	
City & State City & State					5. Certificate of Status Desired		dditional	
23					5. Certifcate of Status Desired	Fee Req	Juired	
Zip	Zip Country Zip C			country 6. Election Campaign Financing \$5.00 May		May Be		
24	25 29 30			Trust Fund Contribution Added to Fees				
Name and Address of Current Registered Agent					10. Name and Address of New Registered	I Agent		
				Name				
CLARK, PAUL R JR				82 Street Address (P.O. Box Number is Not Acceptable)				
CONDOMINIUM MANAGEMENT, INC				Street Address (F.O. box Nutriber is Not Acceptable)				
1801 GLENGARY STREET								
SARASOTA FL 34231			84	City	FI	85 Zip C	ode	
11 Businest to the provisions of Sections 517 0502 and 617 1508. Elorida Statutes the phoye-named compration 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 nereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.	it signature requires	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	MACIEL, LIONEL	_	1.2 NAME	1	•			
	AAAA OLUBARE OROLE LINEEKIOO			ADDRESS				
STREET ADDRESS							ļ	
CITY-ST-ZIP TITLE		□ DELETE	1.4 CITY-S 2.1 TITLE	1.715		Change	Addition	
						45	_	
NAME	GERARDI, CRAIG							
STREET AODRESS				FADDRESS				
CITY-ST-ZIP	+			T-ZIP		☐ Change	☐ Addition	
TITLE	STD	☐ nereie	3.1 TITLE	1		L_J Onlingo		
NAME	FERRARO, JOSEPHINE		3.2 NAME	ľ				
STREET ADDRESS	9300 CLUBSIDE CIRCLE			ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34238		3.4. CITY-5	T-ZIP			□ A.4400	
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	GUIDERA, JOHN		4.2 NAME	}	_			
STREET ADDRESS	9300 CLUBSIDE CIRCLE, UNIT #	1302	4.3 STREE	TADDRESS	·			
CITY-ST-ZIP	SARASOTA FL 34238		4.4 CITY-S	T-ZIP	"SEE ATTAC	11		
TITLE	AT	☐ DELETE	5.1 TITLE	,	A ^!	JFD"	Addition	
NAME	CLARK, PAUL R		5.2 NAME		STIAL	, ,	1	
STREET ADDRESS	ss 1801 GLENGARY STREET 5.3 ST			ADDRESS	I "SEE !!		ļ	
CITY-ST-ZIP	SARASOTA FL 34231		5.4 CITY-S	T-ZIP				
TITLE	AS	☐ DELETE	6.1 TITLE		Ì		i ⊢ ⊿adition	
NAME	CLARK, P. RICHARD		6.2 NAME					
STREET ADDRESS	1801 GLENGARY STREET		6.3 STREE	ADDRESS				
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-S	T-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 his report as required by Chapter 617, Florida Statutes; and that my name appears in indicated on this annual report of suppl officer or director of the corporation or Block 12 or Block 13 if changed, or on

SIGNATURE: