

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90222 049 ****61.25

DOCUMENT # N94000002133					
1. Entity Name STONEYBROOK CLUBSIDE CONDOMINIUM II ASSOCIATION, INC.					
Principal Place of Business CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY ST SARASOTA, FL 34231-3603 US			Mailing Address CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY ST SARASOTA, FL 34231-3603 US		
2. Principal Place of Business Progressive Community Mgmt, Inc Suite, Apt. #, etc. 1801 Glengary Street City & State Sarasota, FL Zip 34231 Country USA		3. Mailing Address Progressive Community Mgmt, Inc Suite, Apt. #, etc. 1801 Glengary Street City & State Sarasota, FL Zip 34231 Country USA			
4. FEI Number 65-0491306				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM MANAGEMENT INC 1801 GLENGARY ST SUITE 101 SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Progressive Community Management, Inc Street Address (P.O. Box Number is Not Acceptable) 1801 Glengary Street City Sarasota, FL FL Zip Code 34231		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Jim Markel <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 4/12/04 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <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 VD NAME CARLSON, BRADLEY MR STREET ADDRESS 9320 CLUBSIDE CIRCLE, UNIT #2203 CITY - ST - ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete		TITLE D NAME Derek, Jeanne STREET ADDRESS 9320 Clubside Circle, Unit #2107 CITY - ST - ZIP Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME WALDEN, WENDELL O MR. STREET ADDRESS 9320 CLUBSIDE CIR., UNIT 2304 CITY - ST - ZIP SARASOTA, FL	<input type="checkbox"/> Delete		TITLE AS NAME markel, Jim STREET ADDRESS 1801 Glengary Street CITY - ST - ZIP Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SIMONSON, CHRISTIAN STREET ADDRESS 9320 CLUBSIDE CIR., #2110 CITY - ST - ZIP SARASOTA, FL 34238	<input type="checkbox"/> Delete		TITLE VD NAME STREET ADDRESS CITY - ST - ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME CLARK, P. RICHARD STREET ADDRESS 1801 GLENGARY ST CITY - ST - ZIP SARASOTA, FL	<input checked="" type="checkbox"/> Delete		TITLE AT NAME Sutton, William STREET ADDRESS 1801 Glengary Street CITY - ST - ZIP Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BABISTER, RICK MR STREET ADDRESS 9320 CLUBSIDE CIRCLE, UNIT #2308 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 STD NAME DEMUTH, NAN STREET ADDRESS 9320 CLUBSIDE CIR., #2306 CITY - ST - ZIP SARASOTA, FL 34238	<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 exemption stated in Section 119.07(3)(i), 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 like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/12/04 <small>Date</small>		
			941-921-5393 <small>Daytime Phone #</small>		