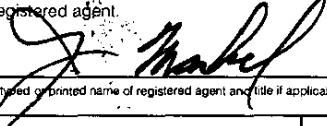
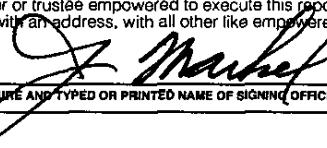


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

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

DOCUMENT # N94000002133				
1. Entity Name <b>STONEYBROOK CLUBSIDE CONDOMINIUM II ASSOCIATION, INC.</b>				
Principal Place of Business <b>CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY ST SARASOTA, FL 34231-3603 US</b>		Mailing Address <b>CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY ST SARASOTA, FL 34231-3603 US</b>		
2. Principal Place of Business <b>Progressive Community Mgmt, Inc</b> Suite, Apt. #, etc. <b>1801 Glengary Street</b>		3. Mailing Address <b>Progressive Community Mgmt, Inc</b> Suite, Apt. #, etc. <b>1801 Glengary Street</b>		
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>		
Zip <b>34231</b>	Country <b>USA</b>	Zip <b>34231</b>		
6. Name and Address of Current Registered Agent  <b>CONDOMINIUM MANAGEMENT INC 1801 GLENGARY ST SUITE 101 SARASOTA, FL 34231</b>				
7. Name and Address of New Registered Agent  Name <b>Progressive Community Management, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>1801 Glengary Street</b>  City <b>Sarasota, FL</b>				
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  Signature, typed or printed name of registered agent and title if applicable <small>(NOTE: Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <b>VD</b> NAME <b>CARLSON, BRADLEY MR</b> STREET ADDRESS <b>9320 CLUBSIDE CIRCLE, UNIT #2203</b> CITY-ST-ZIP <b>SARASOTA, FL 34238</b>		<input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Derek, Jeanne</b> STREET ADDRESS <b>9320 Clubside Circle, Unit #2107</b> CITY-ST-ZIP <b>Sarasota, FL 34238</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>WALDEN, WENDELL O MR.</b> STREET ADDRESS <b>9320 CLUBSIDE CIR., UNIT 2304</b> CITY-ST-ZIP <b>SARASOTA, FL</b>		<input type="checkbox"/> Delete	TITLE <b>AS</b> NAME <b>market, Jim</b> STREET ADDRESS <b>1801 Glengary Street</b> CITY-ST-ZIP <b>Saragota, FL 34231</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>SIMONSON, CHRISTIAN</b> STREET ADDRESS <b>9320 CLUBSIDE CIR., #2110</b> CITY-ST-ZIP <b>SARASOTA, FL 34238</b>		<input type="checkbox"/> Delete	TITLE <b>VD</b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>AS</b> NAME <b>CLARK, P. RICHARD</b> STREET ADDRESS <b>1801 GLENGARY ST</b> CITY-ST-ZIP <b>SARASOTA, FL</b>		<input checked="" type="checkbox"/> Delete	TITLE <b>AT</b> NAME <b>Sutton, William</b> STREET ADDRESS <b>1801 Glengary Street</b> CITY-ST-ZIP <b>Sarasota, FL 34231</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>BABISTER, RICK MR</b> STREET ADDRESS <b>9320 CLUBSIDE CIRCLE, UNIT #2308</b> CITY-ST-ZIP <b>SARASOTA, FL 34238</b>		<input checked="" type="checkbox"/> Delete	TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>STD</b> NAME <b>DEMUTH, NAN</b> STREET ADDRESS <b>9320 CLUBSIDE CIR., #2306</b> CITY-ST-ZIP <b>SARASOTA, FL 34238</b>		<input type="checkbox"/> Delete	TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<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 empowerments.				
SIGNATURE: 		4/12/04 941-921-5393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		