

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90180 043 \*\*\*\*61.25

<b>DOCUMENT # N94000002133</b>						
<b>1. Entity Name</b> STONEYBROOK CLUBSIDE CONDOMINIUM II ASSOCIATION, INC.						
<b>Principal Place of Business</b> PROGRESSIVE COMMUNITY MGMT INC 1801 GLENGARY ST SARASOTA, FL 34231 US			<b>Mailing Address</b> PROGRESSIVE COMMUNITY MGMT INC 1801 GLENGARY ST SARASOTA, FL 34231 US			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0491306		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  PROGRESSIVE COMMUNITY MGMT INC 1801 GLENGARY ST SARASOTA, FL 34231			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
			FL Zip Code			
<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.</b>						
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)						
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
		<b>Make check payable to Florida Department of State</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> STD	<b>NAME</b> DEREK, JEANNE		<input type="checkbox"/> Delete	<b>TITLE</b> VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9320 CLUBSIDE CIRCLE UNIT 2107	<b>CITY-ST-ZIP</b> SARASOTA, FL 34238			<b>NAME</b> THOMPSON, MICHAEL	<b>STREET ADDRESS</b> 9320 CLUBSIDE CIRCLE, #2103	
<b>CITY-ST-ZIP</b> SARASOTA, FL 34238				<b>CITY-ST-ZIP</b> SARASOTA, FL 34238		
<b>TITLE</b> PD	<b>NAME</b> GROSSE, PETER		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9320 CLUBSIDE CIRCLE, #2205	<b>CITY-ST-ZIP</b> SARASOTA, FL 34238			<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> SARASOTA, FL 34238				<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> VD	<b>NAME</b> GANT, GEORGE		<input type="checkbox"/> Delete	<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9320 CLUBSIDE CIRCLE, #2309	<b>CITY-ST-ZIP</b> SARASOTA, FL 34238			<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> SARASOTA, FL 34238				<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> AS	<b>NAME</b> MARKEL, JIM		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1801 GLENGARY ST	<b>CITY-ST-ZIP</b> SARASOTA, FL 34231			<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> SARASOTA, FL 34231				<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> AT	<b>NAME</b> SUTTON, WILLIAM		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1801 GLENGARY ST	<b>CITY-ST-ZIP</b> SARASOTA, FL 34231			<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> SARASOTA, FL 34231				<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> D	<b>NAME</b> WELKER, MARK		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9320 CLUBSIDE CIRCLE, #2207	<b>CITY-ST-ZIP</b> SARASOTA, FL 34238			<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> SARASOTA, FL 34238				<b>CITY-ST-ZIP</b> 		
<b>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 life empowered.</b>						
<b>SIGNATURE:</b>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			
			<b>Jim MARKEL</b>			
			<b>4/17/06 941-921-5393</b>			
			<b>Date Daytime Phone #</b>			