

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90209 045 \*\*\*\*61.25

**DOCUMENT # N94000002133**

1. Entity Name  
**STONEBROOK CLUBSIDE CONDOMINIUM II  
ASSOCIATION, INC.**



Principal Place of Business  
**PROGRESSIVE COMMUNITY MGMT INC  
1801 GLENGARY ST  
SARASOTA, FL 34231 US**

Mailing Address  
**PROGRESSIVE COMMUNITY MGMT INC  
1801 GLENGARY ST  
SARASOTA, FL 34231 US**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0491306**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | STD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | DEREK, JEANNE                  |  |
| STREET ADDRESS | 9320 CLUBSIDE CIRCLE UNIT 2107 |  |
| CITY-ST-ZIP    | SARASOTA, FL 34238             |  |
| TITLE          | PD                             | <input type="checkbox"/> Delete            |
| NAME           | GROSSE, PETER                  |  |
| STREET ADDRESS | 9320 CLUBSIDE CIRCLE, #2205    |  |
| CITY-ST-ZIP    | SARASOTA, FL 34238             |  |
| TITLE          | D                              | <input checked="" type="checkbox"/> Delete |
| NAME           | GANT, GEORGE                   |  |
| STREET ADDRESS | 9320 CLUBSIDE CIRCLE, #2309    |  |
| CITY-ST-ZIP    | SARASOTA, FL 34238             |  |
| TITLE          | AS                             | <input type="checkbox"/> Delete            |
| NAME           | MARKEL, JIM                    |  |
| STREET ADDRESS | 1801 GLENGARY ST               |  |
| CITY-ST-ZIP    | SARASOTA, FL 34231             |  |
| TITLE          | AT                             | <input type="checkbox"/> Delete            |
| NAME           | SUTTON, WILLIAM                |  |
| STREET ADDRESS | 1801 GLENGARY ST               |  |
| CITY-ST-ZIP    | SARASOTA, FL 34231             |  |
| TITLE          | VPD                            | <input type="checkbox"/> Delete            |
| NAME           | THOMPSON, MICHAEL              |  |
| STREET ADDRESS | 9320 CLUBSIDE CIR, # 2103      |  |
| CITY-ST-ZIP    | SARASOTA, FL 34238             |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | STD                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | KNIPPER, JOSEPH              |  |
| STREET ADDRESS | 9320 CLUBSIDE CIRCLE, #2303  |  |
| CITY-ST-ZIP    | SARASOTA, FL 34238           |  |
| TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GLEMBOCKI, THOMAS            |  |
| STREET ADDRESS | 9320 CLUBSIDE CIRCLE, # 2206 |  |
| CITY-ST-ZIP    | SARASOTA, FL 34238           |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jim MARKEL**

**4/20/07 941-921-5393**

Date Daytime Phone #