

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-20-1999 90203 017 ****61.25

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1. Corporation Name

STONEBROOK CLUBSIDE SOUTH ASSOCIATION II, INC.

Principal Place of Business

C/O CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603

Mailing Address

C/O CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/20/1995

4. FEI Number

65-0557772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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 hereby 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 DIRECTORS

TITLE PD ☐ DELETE

NAME JASON LEE

STREET ADDRESS 9620 CLUB SOUTH CIR #5204

CITY-ST-ZIP SARASOTA FL 34238

TITLE VD ☐ DELETE

NAME JOSEPH E OKRUHLICA

STREET ADDRESS 9620 CLUB SOUTH CIR #5105

CITY-ST-ZIP SARASOTA FL 34238

TITLE STD ☐ DELETE

NAME DALE E CONNER

STREET ADDRESS 9620 CLUB SOUTH CIR #5305

CITY-ST-ZIP SARASOTA FL 34238

TITLE AT ☐ DELETE

NAME PAUL R CLARK

STREET ADDRESS 1801 GLENGARY ST

CITY-ST-ZIP SARASOTA FL 34231

TITLE D ☐ DELETE

NAME THOMAS J AMES

STREET ADDRESS 9620 CLUB SOUTH CIR #5-301

CITY-ST-ZIP SARASOTA FL 34238

TITLE AS ☐ DELETE

NAME CLARK, RICHARD

STREET ADDRESS 1801 GLENGARY ST.

CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

"SEE ATTACHED"

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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)