


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000328 (3)**

1. Corporation Name

**STONEBROOK CLUBSIDE SOUTH ASSOCIATION I, INC.**



Principal Place of Business	Mailing Address
CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603	CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603

3. Date Incorporated or Qualified <b>01/20/1995</b>	3a. Date of Last Report <b>04/04/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

4. FEI Number <b>65-0557769</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CONDO MGMT., INC., CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET 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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ROLLEK, KENNETH C
STREET ADDRESS	9610 CLUB SOUTH CIRCLE #4207
CITY-ST-ZIP	SARASOTA FL 34238
TITLE	VD <input type="checkbox"/> DELETE
NAME	MAHAS, GERALD J 4303
STREET ADDRESS	9610 CLUB SOUTH CIRCLE
CITY-ST-ZIP	SARASOTA FL 34238
TITLE	SD <input type="checkbox"/> DELETE
NAME	MILLER, DONALD I
STREET ADDRESS	9610 CLUB SOUTH CIRCLE #4208
CITY-ST-ZIP	SARASOTA FL 34238
TITLE	AS <input type="checkbox"/> DELETE
NAME	CLARK, P. RICHARD
STREET ADDRESS	1801 GLENGARY STREET
CITY-ST-ZIP	SARASOTA FL 34231-3603
TITLE	TD <input type="checkbox"/> DELETE
NAME	LUBITZ, HERBERT H
STREET ADDRESS	9610 CLUB SOUTH CIRCLE #4205
CITY-ST-ZIP	SARASOTA FL 34238
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHELDEN, HAROLD J III
STREET ADDRESS	9610 CLUB SOUTH CIRCLE #4306
CITY-ST-ZIP	SARASOTA FL 34238

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHED

14. I do 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.

SIGNATURE: *P. Richard Clark* DATE: *4/20/97*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *P. Richard Clark* DATE: *4/20/97*  
Daytime Phone # *941-921-5393*

CR2E037 (9/96)

**S1S****Stoneybrook Clubside South Association I. Inc.**

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**Manager Team****Local Address****Date Printed: 3/20/97  
Alternate Address****P/D****Mr. Kenneth C. Rollek  
9610 Club South Cir #4207  
Sarasota, Florida 34238****V/D****Mr. Gerald J. Mahas  
9610 Club South Cir #4303  
Sarasota, Florida 34238****S/D****Mr. Donald L. Miller  
9610 Club South Cir #4206  
Sarasota, Florida 34238****T/D****Mr. Herbert H. Lubitz  
9610 Club South Cir #4205  
Sarasota, FL 34238****D****Mr. John Porreca  
9610 Club South Cir #4201  
Sarasota, FL 34238****AS****Mr. P. Richard Clark****AT****Mr. Paul R. Clark Jr.**