1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000328

1. Corporation Name

STONEYBROOK 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

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

04-20-1999 90203 020 ****61.25



2. Principal P	Principal Place of Business		2a. Mailing Address				3. Date Incorporated or Quali	ed		
21		26					01/20/1995	 	Г Т.	
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				4. FEI Number		L	olied For
22		27					65-0557769			Applicable
City & Stat	е	City & S	State				5. Certifcate of Status Desired	: 🗀	\$8.75 A	
23		28					<u> </u>		Fee Re	·
Zip	Country	Zip	-ر-	Coun	try	•	6. Election Campaign Financi	^{ng} □	\$5.00	•
24		29	30	<u> </u>			Trust Fund Contribution		Added to	rees
	9. Name and Address of Current	Registered Ag	ent		04	Nama	10. Name and Address of Na	w Registered	Agent	
· ·					81 Name					
CONDO MGMT., INC.,					82 Street Address (P.O. Box Number is Not Acceptable)					
CONDOMINIUM MANAGEMENT, INC.						_	_ 			
	NGARY STREET			[1	B3					
	A FL 34231-3603			18	84	City			85 Zip C	ode
						•		<u>FL</u>	. []	
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	Florida, Such	change was autr	nonzed I	by tr	named corpor ne corporation	ation submits this statement for 's board of directors. I hereby a	the purpose of ccept the appoi	changing its ntment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if anninable	(NOTE: P	A Neretsine	nent :	signature required v	when reinstating)	DATE		
12.	OFFICERS AND		(11012, 11	13.	South		ADDITIONS/CHANGES TO		ID DIRECTO	RS IN 12
TITLE	PD	2	DELETE	1.1 TITL	E		<u></u>		☐ Change	☐ Addition
NAME	ROLLEK, KENNETH C			1.2 NAM						
STREET ADDRESS		207				ADDRESS				
	SARASOTA FL 34238	EV!		1.4 CITY						
CITY-ST-ZIP TITLE	=		☐ DELETE	2.1 TITL					☐ Change	☐ Addition
	VD DADDADA I CELI			2.2 NAM					=	
NAME	BARBARA J SELL			Į.		ADDRESS				
STREET ADDRESS		1								
CITY-ST-ZIP	SARASOTA FL 34238		☐ DELETE	2.4 CIT 3.1 TITL		-ZIP			Change	Addition
TITLE	SD BONNER		DELETE							_
NAME	MILLER, DONALD I	000		3.2 NAM	_					
STREET ADDRESS		206				ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34238		☐ DELETE	3.4. CIT		-ZIP	<u> </u>		Change	☐ Addition
TITLE	AS		- DELETE	4.1 TITL					ononge	
NAME	CLARK, P. RICHARD			4. 2 NA						
STREET ADDRESS						ADORESS				
CITY-ST-ZIP	SARASOTA FL 34231-3603		- nevere	4.4 CITY		ZIP			☐ Change	☐ Addition
TITLE	AT _		DELETE	5.1 TITL					☐ change	Addition
NAME	PAÚL R CLARK JR			5.2 NAM	_					
STREET ADDRESS	1801 GLENGARY ST			1		ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231	_		5.4 CITY		ZIP				
TITLE	D		☐ DELETE	6.1 TITL					☐ Change	Addition
NAME	PORRECA, JOHN M			6.2 NAM						
STREET ADDRESS	9610 CLUB SOUTH CIR., #4021			6.3 STR	EET /	ADDRESS				
CITY OF 710	SARASOTA Re			6.4 CITY	Y-ST-	.ZIP				

14. I hereby certify that the information supplied with this tling 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 supplied ental about 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 of trustee empowered to effect 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 attagriment with an otherwise empowered.

SIGNATURE

SIGKON SIGKON STATE THE STATE OF SIGNING DEFIGER OF RECTOR

941-921-5393

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