

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000328

1. Entity Name

STONEBROOK CLUBSIDE SOUTH ASSOCIATION I, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90037 017 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Advanced Management, Inc..
Suite, Apt. #, etc.

Advanced Management, Inc..
Suite, Apt. #, etc.

5899 Whitfield Avenue #107
City & State

5899 Whitfield Avenue, #107
City & State

Sarasota, FL 34243
Zip Country

Sarasota, FL 34243
Zip Country

4. FEI Number 65-0557769

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDO MGMT., INC.,
CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231-3603

Name
Advanced Management, Inc..
Street Address (P.O. Box Number is Not Acceptable)
5899 Whitfield Avenue, #107
Sarasota, FL 34243
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.

SIGNATURE D.E. Wilson 4-20-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROLLEK, KENNETH C	
STREET ADDRESS	9610 CLUB SOUTH CIRCLE #4207	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BARBARA J SELL	
STREET ADDRESS	9610 CLUB SOUTH CIR #4310Q	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, DONALD I	
STREET ADDRESS	9610 CLUB SOUTH CIRCLE #4206	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CLARK, P. RICHARD	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA FL 34231-3603	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	PAUL R CLARK JR	
STREET ADDRESS	1801 GLENGARY ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORRECA, JOHN M	
STREET ADDRESS	9610 CLUB SOUTH CIR., #4021	
CITY-ST-ZIP	SARASOTA FL	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Resish, Ken	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shawn Scoville	
STREET ADDRESS	9610 CLUB SOUTH CIRCLE, #4106	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Frank Gouveia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	9610 Club South Circle # 4108	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	AS AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Douglas	
STREET ADDRESS	5899 Whitfield #107	
CITY-ST-ZIP	Sarasota, FL 34243	
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 exemption stated in Section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2000 Date Daytime Phone #

CR2E037 (9/99)