

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

04-20-1999 90203 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000002499
 1. Corporation Name
STONEBROOK ARBOR GREENS I ASSOCIATION, INC.

Principal Place of Business 1801 GLENGARY ST. SARASOTA FL 34231	Mailing Address 1801 GLENGARY ST. SARASOTA FL 34231
---	---



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/06/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0672797
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CONDOMINIUM MGMT, INC. 1801 GLENGARY ST. SARASOTA FL 34231	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANNA, CHARLES	1.2 NAME	
STREET ADDRESS	5393 BARDMOOR DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEGRA, ROBERT	2.2 NAME	
STREET ADDRESS	337 INTERSTATE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERS, CONNOR	3.2 NAME	
STREET ADDRESS	337 INTERSTATE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, P. RICHARD	4.2 NAME	
STREET ADDRESS	1801 GLENGARY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, and all other like empowered.

SIGNATURE: *P. Richard Clark* **P. Richard Clark** 4/5/99 **941-921-5393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

Manager	Tm A	Local Address	Date Printed:	5/3/99	Code
---------	------	---------------	---------------	--------	------

N910 000002499
54227890329. 46

P/D		Ms. Joanne C. Schaefer 4655 Tower Hill Lane Unit #2411 Sarasota, FL 34238			10
-----	--	--	--	--	----

V/D		Mr. Steven T. Ferrigno 9489 Millbank Drive Unit #2623 Sarasota, FL 34238			12
-----	--	---	--	--	----

S/D		Ms. Elizabeth J. Barrett 4655 Tower Hill Lane Unit #2415 Sarasota, FL 34238			25
-----	--	--	--	--	----

T/D		Mr. John Schurman 9489 Millbanks Drive Unit #2614 Sarasota, FL 34238			30
-----	--	---	--	--	----

D		Mr. Michael Davenport-Smith 9489 Millbanks Drive Unit #2625 Sarasota, FL 34238			40
---	--	---	--	--	----

AS		Mr. P. Richard Clark 1801 Glengary Street Sarasota, FL 34231			50
----	--	--	--	--	----

AT		Mr. Paul R. Clark, Jr. 1801 Glengary Street Sarasota, FL 34231			55
----	--	--	--	--	----