


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-23-2008 90037 012 ****61.25

DOCUMENT # N07000001497					
1. Entity Name STONERIDGE TOWNHOMES RESIDENTIAL DISTRICT ASSOCIATION, INC.					
Principal Place of Business 7380 MURRELL ROAD SUITE 201 VIERA, FL 32940			Mailing Address 7380 MURRELL ROAD SUITE 201 VIERA, FL 32940		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0628400	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANLEY, RAPHAEL F 7380 MURRELL ROAD SUITE 201 VIERA, FL 32940			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERMAN, ROBERT J		NAME		
STREET ADDRESS	7331 OFFICE PARK PLACE BLDG. A #400		STREET ADDRESS		
CITY-ST-ZIP	VIERA, FL 32940		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERMAN, LON S		NAME	Ackerman, Lon S.	
STREET ADDRESS	7331 OFFICE PARK PLACE BLDG. A #400		STREET ADDRESS	7331 Office Park Pl. Bldg. A-400	
CITY-ST-ZIP	VIERA, FL 32940		CITY-ST-ZIP	Viera, FL 32940	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLEY, RAPHAEL F		NAME		
STREET ADDRESS	7380 MURRELL ROAD #201		STREET ADDRESS		
CITY-ST-ZIP	VIERA, FL 32940		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SPONSORING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____					

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04092008 Chg-NP CR2E037 (12/06)

4. FEI Number **51-0628400** Applied For Not Applicable

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SPONSORING OFFICER OR DIRECTOR

Date

Daytime Phone #