


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 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
---	---	---

**DOCUMENT # N93000000380 (6)**  
1. Corporation Name  
**STONEBROOK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>824 E FLETCHER AVE TAMPA FL 33612 US</b>	Mailing Address <b>824 E FLETCHER AVE TAMPA FL 33612-2613 US</b>
--	---

3. Date Incorporated or Qualified <b>01/28/1993</b>	3a. Date of Last Report <b>02/15/1996</b>
4. FEI Number <b>59-3180199</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**ZSCHAU, JULIUS J  
28050 US HIGHWAY 19 N  
SUITE 501  
CLEARWATER FL 34621**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **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	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIKORSKI, FRED</b>	
STREET ADDRESS	<b>311 PARK PLACE BLVD SUITE 600</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, FRANCINE</b>	
STREET ADDRESS	<b>311 PARK PLACE BLVD SUITE 600</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHELTON, ROY</b>	
STREET ADDRESS	<b>10108 VISTA POINTE DR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Opalinski, Frank</b>	
1.3 STREET ADDRESS	<b>10219 Lockwood Pine Lane</b>	
1.4 CITY-ST-ZIP	<b>Tampa FL 33635</b>	
2.1 TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Artino, Karen</b>	
2.3 STREET ADDRESS	<b>10012 Vista Pointe Drive</b>	
2.4 CITY-ST-ZIP	<b>Tampa FL 33635</b>	
3.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Hardy, Christine</b>	
3.3 STREET ADDRESS	<b>8708 Eagle Cove Court</b>	
3.4 CITY-ST-ZIP	<b>Tampa FL 33635</b>	
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		

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 *Sandra B. Mortham* 1-23-97 813-877-2104

CR2E037 (9/96)