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Feb 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000380 (6)

1. Corporation Name

STONEBROOK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

824 E FLETCHER AVE
TAMPA FL 33612
US

824 E FLETCHER AVE
TAMPA FL 33612-2613
US

3. Date Incorporated or Qualified
01/28/1993

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3180199

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME SIKORSKI, FRED
STREET ADDRESS 311 PARK PLACE BLVD SUITE 600
CITY-ST-ZIP CLEARWATER FL 34619

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME Opalinski, Frank
1.3 STREET ADDRESS 10219 Lockwood Pines Lane
1.4 CITY-ST-ZIP Tampa FL 33635

TITLE STD ☒ DELETE
NAME MILLER, FRANCINE
STREET ADDRESS 311 PARK PLACE BLVD SUITE 600
CITY-ST-ZIP CLEARWATER FL 34619

2.1 TITLE T/D ☐ Change ☒ Addition
2.2 NAME Artino, Karen
2.3 STREET ADDRESS 10012 Vista Pointe Drive
2.4 CITY-ST-ZIP Tampa FL 33635

TITLE D ☒ DELETE
NAME SHELTON, ROY
STREET ADDRESS 10108 VISTA POINTE DR
CITY-ST-ZIP TAMPA FL

3.1 TITLE S/D ☐ Change ☒ Addition
3.2 NAME Hardy, Christine
3.3 STREET ADDRESS 8708 Eagle Cove Court
3.4 CITY-ST-ZIP Tampa FL 33635

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)