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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000380

1. Corporation Name
STONEBROOK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 7001 TEMPLE TERRACE HWY. TEMPLE TERRACE FL 33637 US	Mailing Address 7001 TEMPLE TERRACE HWY. TEMPLE TERRACE FL 33637 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/28/1993
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3180199
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
26 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent STEVEN H. MEZER, P.A. 1216 COVA ST. STE. B CLEARWATER FL 33756	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code FL

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 DT	EMMERMAN, RANDY 10108 VISTA POINTE DR. TAMPA FL 33635	1.1 TITLE T/D	Genzler, Wanda 10112 Vista Pointe Dr Tampa FL 33635
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE DS	WILLIAM, EDWARD 10118 VISTA POINTE DR. TAMPA FL 33635	2.1 TITLE D/P	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	HARDY, CHRISTINE 8708 EAGLE COVE COURT TAMPA FL	3.1 TITLE D/S	McGinty, William 10114 Vista Pointe Dr Tampa FL 33635
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Edward Williams* **SIGNATURE REQUIRED** **Edward Williams** 1-26-99 1-813-980-1000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)