

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90013 043 ****61.25

DOCUMENT # N93000000380

1. Entity Name

STONEBROOK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7001 TEMPLE TERRACE HWY.
 TEMPLE TERRACE FL 33637
 US

7001 TEMPLE TERRACE HWY.
 TEMPLE TERRACE FL 33637-5734
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3180199

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVEN H. MEZER, P.A.
 1216 COVA ST.
 STE. B
 CLEARWATER FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

1212 Court Street Suite B

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** Delete
 NAME **GENZLER, WANDA**
 STREET ADDRESS **10112 VISTA PT DR**
 CITY-ST-ZIP **TAMPA FL 33635**

TITLE **S/D** Change Addition
 NAME *Anderson, Herbert*
 STREET ADDRESS *10190 Vista Pointe Dr*
 CITY-ST-ZIP *Tampa FL 33635*

TITLE **DP** Delete
 NAME **WILLIAM, EDWARD**
 STREET ADDRESS **10118 VISTA POINTE DR.**
 CITY-ST-ZIP **TAMPA FL 33635-**

TITLE **T/D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **MCGINTY,**
 STREET ADDRESS **10114 VISTA PT DR**
 CITY-ST-ZIP **TAMPA FL 33635**

TITLE **P/D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *[Signature]* **SIGNATURE REQUIRED** Edward Williams 2-29-00 813-980-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)