

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra G. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:50

DOCUMENT # N93000002242 (6)

1. Corporation Name
STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC

Principal Place of Business Mailing Address
**5305 S. STONERIDGE DR.
INVERNESS FL 34450**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1993** 3a. Date of Last Report **04/14/1994**
4. FEI Number **59-3182514** Applied For
Not Applicable

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

5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KINZIE, GEORGE W
5305 S. STONERIDGE DR.
INVERNESS FL 34450**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENNETT, MARILYN M.
STREET ADDRESS	5494 S. STONERIDGE DR
CITY - ST - ZIP	INVERNESS FL
TITLE	VP
NAME	KINZIE, GEORGE W
STREET ADDRESS	5537 S. STONERIDGE DR
CITY - ST - ZIP	INVERNESS FL
TITLE	ST
NAME	BAKOS, ROGER V.
STREET ADDRESS	5393 S STONERIDGE DR
CITY - ST - ZIP	INVERNESS FL
TITLE	D
NAME	DEBEDIAN, GEORGE
STREET ADDRESS	5490 S STONERIDGE DR
CITY - ST - ZIP	INVERNESS FL
TITLE	D
NAME	JOHNSON, BILL
STREET ADDRESS	5530 S LANDING TER.
CITY - ST - ZIP	INVERNESS FL
TITLE	D
NAME	SMITH, BILL
STREET ADDRESS	5401 S. STONERIDGE DR
CITY - ST - ZIP	INVERNESS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT STUTZMAN	
1.3 STREET ADDRESS	5614 S. STONERIDGE DR	
1.4 CITY - ST - ZIP	INVERNESS FL 34450	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT WELLMAN	
2.3 STREET ADDRESS	5494 S. STONERIDGE DR	
2.4 CITY - ST - ZIP	INVERNESS FL 34450	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JANICE SERGENT	
3.3 STREET ADDRESS	5381 S. STONERIDGE DR	
3.4 CITY - ST - ZIP	INVERNESS FL 34450	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WALTER E. JOHNSON	
4.3 STREET ADDRESS	5472 S. WINGEDALEM WAY	
4.4 CITY - ST - ZIP	INVERNESS FL 34450	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN BASHAINE	
5.3 STREET ADDRESS	5385 S. STONERIDGE DR	
5.4 CITY - ST - ZIP	INVERNESS FL 34450	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOHN CALWAY	
6.3 STREET ADDRESS	8076 E. SPYROMAS LN.	
6.4 CITY - ST - ZIP	INVERNESS FL 34450	
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	BILL JOHNSON	
	5530 S. LANDING TER.	
	INVERNESS FL 34450	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Robert E. Wellman 4/15/95 904-860-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #