

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000002242 (6)**

1. Corporation Name

STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC



Principal Place of Business

5306 S. STONERIDGE DR.
INVERNESS FL 34450

Mailing Address

5306 S. STONERIDGE DR.
INVERNESS FL 34450

3. Date Incorporated or Qualified
05/13/1993

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3182514

Applied For
 Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip

25. Country

29. Zip

30. Country

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

**SLAYMAKER, THOMAS E
2218 HIGHWAY 44 WEST
INVERNESS FL 34453**

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 registrant agent and title at place

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STUTZMAN, ROBERT	
STREET ADDRESS	5514 S. STONERIDGE DR.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WELLMAN, ROBERT	
STREET ADDRESS	5472 S. STONERIDGE DR.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SERGEANT, JANICE	
STREET ADDRESS	5381 S. STONERIDGE DR.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, WALTER E.	
STREET ADDRESS	5472 S. WINGED ELM WAY	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASHLINE, JOHN	
STREET ADDRESS	5385 S. STONERIDGE DR.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONWAY, JOHN	
STREET ADDRESS	8076 E. SPHLEMOSS LANE	
CITY-ST-ZIP	INVERNESS FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENNETT, MARILYN	
1.3 STREET ADDRESS	5494 S. STONERIDGE DR	
1.4 CITY-ST-ZIP	INVERNESS FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOULDER, ROBERT	
2.3 STREET ADDRESS	5349 WOOD, PACEY	
2.4 CITY-ST-ZIP	5349 S. STONERIDGE DR	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAUB, J. ROBERT	
3.3 STREET ADDRESS	5501 S. STONERIDGE DR	
3.4 CITY-ST-ZIP	INVERNESS FL	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SMITH, SHIRLEY	
4.3 STREET ADDRESS	5401 S. STONERIDGE DR	
4.4 CITY-ST-ZIP	INVERNESS FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KRAJEWSKI, MARIBELLE	
5.3 STREET ADDRESS	5482 S. STONERIDGE DR	
5.4 CITY-ST-ZIP	INVERNESS FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WALTON, CLIFFORD	
6.3 STREET ADDRESS	5344 S. STONERIDGE DR	
6.4 CITY-ST-ZIP	INVERNESS FL	

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 119.07(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: **MARILYN BENNETT** *Marilyn Bennett* 1-24-96 352-637-5564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)