

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002242 (6)
1. Corporation Name
STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC



Principal Place of Business 5305 S. STONERIDGE DR. INVERNESS FL 34450	Mailing Address 5305 S. STONERIDGE DR. 5491 S STONE RIDGE INVERNESS FL 34450 US
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3. Date Incorporated or Qualified
05/13/1993

4. FEI Number 59-3182514	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	30. Country

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**SLAYMAKER, THOMAS E
2218 HIGHWAY 44 WEST
INVERNESS FL 34450**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENNETT, MARILYN	
STREET ADDRESS	5494 S STONERIDGE DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENEDICT, CHAUNCEY	
STREET ADDRESS	5505 S STONERIDGE DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAUB, J. ROBERT	
STREET ADDRESS	5501 S STONERIDGE DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, SHIRLEY	
STREET ADDRESS	5401 S STONERIDGE DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAJEWSKI, MARIBELLE	
STREET ADDRESS	5482 S STONERIDGE DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEBEJAN, GEORGE	
STREET ADDRESS	5480 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	JOHN HEYMANS	
1.3 STREET ADDRESS	5494 SOUTH LANDING TERRACE	
1.4 CITY-ST-ZIP	INVERNESS, FL. 34450	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IAN McKERLIE	
2.3 STREET ADDRESS	5433 SOUTH 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	MARY BECKER	
3.3 STREET ADDRESS	5410 S.WINGED ELM WAY	
3.4 CITY-ST-ZIP	INVERNESS, FL. 34450	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GERRY KAUTH	
4.3 STREET ADDRESS	5376 S. STONERIDGE DR.	
4.4 CITY-ST-ZIP	INVERNESS, FL. 34450	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JANE TROY	
5.3 STREET ADDRESS	5564 S. WINGED ELM WAY	
5.4 CITY-ST-ZIP	INVERNESS, FL. 34450	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MYRT EPLEY	
6.3 STREET ADDRESS	5435 S. WINGED ELM WAY	
6.4 CITY-ST-ZIP	INVERNESS, FL. 34450	

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.

SIGNATURE: *Mary H Becker* **MARY H BECKER** **3-10-98 353-3442836**

CR2E037 (10/97)