


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90235 019 ****61.25

DOCUMENT # N9300002242					
1. Entity Name STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC.					
Principal Place of Business 5491 STONERIDGE DR INVERNESS, FL 34450			Mailing Address 5541 S. WINGED ELM WAY INVERNESS, FL 34450 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3182514	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLAYMAKER, THOMAS E 2218 HIGHWAY 44 WEST INVERNESS, FL 34450			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEYMANS, JOHN		NAME	Fernandez, Richard	
STREET ADDRESS	5494 SOUTH LANDING TERR.		STREET ADDRESS	5541 S. Winged Elm Way	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, RICHARD		NAME	Richard Connelly	
STREET ADDRESS	5541 S. WINGED ELM WAY		STREET ADDRESS	5457 S. Stoneridge Dr.	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERGUSON, DON		NAME		
STREET ADDRESS	5519 S. WINGED ELM WAY		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, BARBARA		NAME		
STREET ADDRESS	5541 S. WINGED ELM WAY		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAYMAN, LINDA		NAME	Renny Bakos	
STREET ADDRESS	5505 S. STONERIDGE DR.		STREET ADDRESS	5393 S. Stoneridge Dr.	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEZZUTI, JOE		NAME		
STREET ADDRESS	5445 S. WINGED ELM WAY		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34450		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: <i>Barbara Fernandez</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>4/6/04</i> Daytime Phone #: <i>352-637-9686</i>	