

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002242

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC.

**Current Principal Place of Business:**

5491 STONERIDGE DR  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

5344 S. STONERIDGE DR.  
INVERNESS, FL 34450 US

**New Mailing Address:**

FEI Number: 59-3182514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CONNELLY, RICHARD  
Address: 5457 S. STONERIDGE DR.  
City-St-Zip: INVERNESS, FL 34450

Title: VP ( ) Delete  
Name: LEBEAU, FRED  
Address: 5304 S. STONERIDGE DR.  
City-St-Zip: INVERNESS, FL 34450

Title: S ( ) Delete  
Name: FERGUSON, DON  
Address: 5519 S. WINGED ELM WAY  
City-St-Zip: INVERNESS, FL 34450

Title: T ( ) Delete  
Name: GILLET, DUDLEIGH  
Address: 5344 S. STONERIDGE DR.  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: DEVITT, NORA  
Address: 5491 S. LANDING TERRACE  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: NISSEN, EILEEN  
Address: 5494 S. STONERIDGE DR.  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LEBEAU, FRED  
Address: 5304 S. STONERIDGE DR.  
City-St-Zip: INVERNESS, FL 34450

Title: VP (X) Change ( ) Addition  
Name: BRAYMAN, LINDA  
Address: 5505 S. STONERIDGE DR.  
City-St-Zip: INVERNESS, FL 34450

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BAKOS, RENNY  
Address: 5393 S. STONERIDGE DR.  
City-St-Zip: INVERNESS, FL 34450

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUDLEIGH J GILLET

T

04/11/2006

Electronic Signature of Signing Officer or Director

Date