

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002242

FILED
Jan 17, 2008
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:

5506 S STONERIDGE DR
INVERNESS, FL 34450

Current Mailing Address:

5506 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: BRAYMAN, LINDA
Address: 5505 S. STONERIDGE DR.
City-St-Zip: INVERNESS, FL 34450

Title: VP () Delete
Name: MILLER, GERALD
Address: 5404 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: MARTIN, JANET
Address: 5506 S. STONERIDGE DR.
City-St-Zip: INVERNESS, FL 34450

Title: D (X) Delete
Name: BAKER, DAVID
Address: 5565 S. LANDING TERRACE
City-St-Zip: INVERNESS, FL 34450

Title: D (X) Delete
Name: FERGUSON, LEONARD
Address: 5409 S. STONERIDGE DR.
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, GERRY
Address: 5404 S. STONERIDGE DR.
City-St-Zip: INVERNESS, FL 34450

Title: VP (X) Change () Addition
Name: KITCHEN, MAL
Address: 5460 S WINGED ELM WAY
City-St-Zip: INVERNESS, FL 34450

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JANET MARTIN

Electronic Signature of Signing Officer or Director

T

01/17/2008

Date