

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90072 020 ****61.25

DOCUMENT # **N93000002242**

1. Entity Name
STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC



Principal Place of Business
**5491 STONERIDGE DR
INVERNESS FL 34450**

Mailing Address
**5314 SO. STONERIDGE DRIVE
INVERNESS FL 34450
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5541 S. Winged Elm Way
Suite, Apt. #, etc.

City & State
Inverness, FL

Zip
34450

Country
USA

4. FEI Number **59-3182514**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME FERGUSON, DON	
STREET ADDRESS 5519 S. WINGED ELM WAY	
CITY-ST-ZIP INVERNESS FL 34450	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME D'AMATO, FRANK	
STREET ADDRESS 5458 SO. STONERIDGE DRIVE	
CITY-ST-ZIP INVERNESS FL 34450	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME MOSHER, DEBBY	
STREET ADDRESS 5380 S. STONERIDGE DRIVE	
CITY-ST-ZIP INVERNESS FL 34450	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME BRIGAN, NANCY	
STREET ADDRESS 5314 SO. STONERIDGE DRIVE	
CITY-ST-ZIP INVERNESS FL 34450	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HORTUBISE, MARJORIE	
STREET ADDRESS 8018 EAST BIRCH PLACE	
CITY-ST-ZIP INVERNESS FL 34450	
TITLE D	<input type="checkbox"/> Delete
NAME PEZZUTI, JOE	
STREET ADDRESS 5445 S. WINGED ELM WAY	
CITY-ST-ZIP INVERNESS FL 34450	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME John Heymans	
STREET ADDRESS 5494 SouthLanding Terr.	
CITY-ST-ZIP Inverness, FL 34450	
TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Richard Fernandez	
STREET ADDRESS 5541 S. Winged Elm Way	
CITY-ST-ZIP Inverness, FL 34450	
TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Don Ferguson	
STREET ADDRESS 5519 S. Winged Elm Way	
CITY-ST-ZIP Inverness, FL 34450	
TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Barbara Fernandez	
STREET ADDRESS 5541 S. Winged Elm Way	
CITY-ST-ZIP Inverness, FL 34450	
TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Linda Brayman	
STREET ADDRESS 5505 S. Stoneridge Dr.	
CITY-ST-ZIP Inverness, FL 34450	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Barbara Fernandez **Barbara Fernandez 3/10/03 352-637-9686**

CR2E037 (10/02)