

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001303 (6)

1. Corporation Name
STONECASTLE AT SOUTHWOOD PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 5005 SEAGRASS DRIVE VENICE FL 34293
Mailing Address: 899 WOODBRIDGE DR VENICE FL 34293

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business: 21 4141 Springdale Cir
22 Suite, Apt. #, etc.
23 City & State: Venice, FL
24 Zip: 34293
25 Country: Sarasota
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4. FEI Number: 65-0512887
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent
ADVANCED MANAGEMENT, INC.
899 WOODBRIDGE DRIVE
VENICE FL 34293

10. Name and Address of New Registered Agent
81 Name: Jessica E. Douglass - AMI
82 Street Address (P.O. Box Number is Not Acceptable): 899 Woodbridge Dr.
83
84 City: Venice FL 85 Zip Code: 34293

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: Jessica E. Douglass - Agent Jessica Douglas 5-10-96

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BISHOP, BRAD	
STREET ADDRESS	12077 SW KINGSWAY CIRCLE	
CITY-ST-ZIP	LAKE SUZY FL 33821	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	DELANEY, ALEXANDRA	
STREET ADDRESS	825 HARBOR DRIVE SOUTH	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRAZIS, PHILLIP	
STREET ADDRESS	5005 SEAGRASS DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Perez, Karen	
2.3 STREET ADDRESS	4143 Springdale Cir	
2.4 CITY-ST-ZIP	Venice, FL 34293	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Futcher, Bill	
3.3 STREET ADDRESS	4143 Springdale Cir	
3.4 CITY-ST-ZIP	Venice, FL 34293	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	000001849740	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-06/04/96--01049--022	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] DATE: 5/15/96 DAYTIME PHONE: [Signature]

CR2E037 (12/95)