I hereby certify that the information indicated on this report or supplemental report is true and accu oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exe		
above, or on an attachment with all other like empowered.		
SIGNATURE: GORDON ROBERTS	PRESIDENT	02/28/2017

SIGNATURE: GORDON ROBERTS

Electronic Signature of Signing Officer/Director Detail

~ ~ ~ ~ /**n** : _ •••

Officer/Direc	ctor Detail :		
Title	DIRECTOR	Title	D, VP
Name	MULCAHY, RORY	Name	VOLPE, ARTHUR
Address	5730 CLAIBORNE ST.	Address	5788 TAMARAC DR.
City-State-Zip:	VIERA FL 32940	City-State-Zip:	VIERA FL 32940
Title	SECRETARY/TREASURER	Title	PRESIDENT
Name	COX, EUGENIA	Name	ROBERTS, GORDON E
Address	5769 CLAIBORNE ST.	Address	3584 SPENCER LANE
City-State-Zip:	VIERA FL 32940	City-State-Zip:	VIERA FL 32940
Title	DIRECTOR		
Name	LIBERTO, SR, SALVATORE		
Address	5737 TAMARAC DRIVE		
City-State-Zip:	VIERA FL 32940		

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.

Name and Address of Current Registered Agent:

BAYSIDE MANAGEMENT SERVICES 476 HWY A1A 4A SATELLITE BEACH, FL 32937 US

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001497

Entity Name: STONERIDGE TOWNHOMES RESIDENTIAL DISTRICT ASSOCIATION, INC.

Current Principal Place of Business:

5850 CLAIBORNE ST. VIERA, FL 32940

Current Mailing Address:

PO BOX 100130 PALM BAY, FL 32910 US

Electronic Signature of Registered Agent

SIGNATURE: MARIE THIBODEAUX

FEI Number: 51-0628400

Date

FILED Feb 28, 2017 Secretary of State CC9194696450

02/28/2017 Date

Certificate of Status Desired: No