

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002242

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC3059757170**

**Entity Name:** STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC.

**Current Principal Place of Business:**

5491 S. STONERIDGE DR.  
INVERNESS, FL 34450

**Current Mailing Address:**

5491 S. STONERIDGE DR.  
INVERNESS, FL 34450 US

**FEI Number: 59-3182514**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KELLEY, TIMOTHY  
Address        5475 S WINGED ELM WAY  
City-State-Zip: INVERNESS FL 34450

Title            SECRETARY  
Name            KELLEY, SENA  
Address        5475 S. WINGED ELM WAY  
City-State-Zip: INVERNESS FL 34450

Title            TREASURER  
Name            MCQUILLIN, ALLAN W  
Address        5435 S WINGED ELM WAY  
City-State-Zip: INVERNESS FL 34450

Title            VP  
Name            SMITH, IRVIN  
Address        5495 S WINGED ELM WAY  
City-State-Zip: INVERNESS FL 34450

*I hereby 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 all other like empowered.*

**SIGNATURE: ALLAN W MCQUILLIN**

**TREASURER**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date