

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002242

**FILED**  
**Jan 14, 2019**  
**Secretary of State**  
**1298691326CC**

**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           RIKE, BILL  
Address        5533 S LANDING TERRACE  
City-State-Zip: INVERNESS FL 34450

Title           SECRETARY  
Name           GOODWIN, CAROLE  
Address        5545 S LANDING TERRACE  
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           DEMERS, BETSY  
Address        5305 S STONERIDGE DR  
City-State-Zip: INVERNESS FL 34450

Title           DIRECTOR AT LARGE  
Name           MITCHELL, JIM  
Address        5501 S STONERIDGE DR  
City-State-Zip: INVERNESS FL 34450

Title           DIRECTOR AT LARGE  
Name           ACKERMAN, WILMA  
Address        5401 S STONERIDGE DR  
City-State-Zip: INVERNESS FL 34450

Title           DIRECTOR AT LARGE  
Name           KROUCH, SARA  
Address        5341 S STONERIDGE DR  
City-State-Zip: INVERNESS FL 34450

Title           IMMEDIATE PAST PRESIDENT  
Name           KROUCH, STEVE  
Address        5341 S STONERIDGE DR  
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**

**01/14/2019**

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

\_\_\_\_\_  
Date