FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:30

DOCUMENT # **J09342** **(3)**

1. Corporation Name

STONEBROOK MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 4169~~	~~P.O. BOX 4169~~
HOMOSASSA SPRINGS FL 32647	HOMOSASSA SPRINGS FL 32647
2570 So SABLE PT	2570 S. SABLE PT

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1986
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business	2a. Mailing Address
21 2570 So. Sable Pt.	26 ~~2570 So. Sable Pt.~~
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Homosassa, FL	28 Homosassa, FL
24 Zip 34448 / 25 Country Citrus	29 Zip 34448 / 30 Country Citrus

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENBERG, EDWARD I. 2614 SOUTH SABLE POINT ROAD HOMOSASSA FL 34448	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	P ☒ Change ☐ Addition
NAME	PARKER, ROBERT	1.2 NAME	
STREET ADDRESS	2608 S. PEBBLE BROOK DR.	1.3 STREET ADDRESS	Eve Herrick 8290 W. Vineway Drive
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	Homosassa, FL 34448
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	AMTHOR, ANN-MAIE · AMTHOR, Ann-Marie	2.2 NAME	T
STREET ADDRESS	2551 S. LIME ROCK PT.	2.3 STREET ADDRESS	John A. Strobl, Jr. 2550 So. Lime Rock Pt.
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	Homosassa, FL 34448
TITLE	~~T~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~EAST, WODROW~~	3.2 NAME	
STREET ADDRESS	~~2643 W. PROMENADE DR.~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~HOMASASSA FL~~	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	VICKERY, SIM	4.2 NAME	
STREET ADDRESS	8183 W. CHARMAINE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	STOLLEY, ELEANOR	5.2 NAME	
STREET ADDRESS	2543 S. LIME ROCK PT	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	PIPER, JOSEPH	6.2 NAME	
STREET ADDRESS	8298 W PROMENADE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John A. Strobl JR April 6, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0457160 FP