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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N9200000911 (9)

1. Corporation Name  
STONEBRIAR IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address  
237 S. WESTMONTE DRIVE SUITE 111  
ALTAMONTE SPRINGS FL 32714 237 S. WESTMONTE DRIVE SUITE 111  
ALTAMONTE SPRINGS FL 32714-4263

3. Date Incorporated or Qualified 12/23/1992 3a. Date of Last Report 09/23/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For  
21 3490 East Lake Road 26 P.O. Box 1448 31-1210827 Not Applicable  
22 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 City & State City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 Zip Country 29 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BAGLEY, JAMES  
237 S. WESTMONTE DRIVE  
SUITE 111  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name Dominick Scannavino  
82 Street Address (P.O. Box Number is Not Acceptable) 3490 East Lake Road, Suite C  
83  
84 City Palm Harbor FL 85 34685

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 *Dominick Scannavino* Dominick Scannavino 4-24-97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BAGLEY, JAMES <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD BARON, RICHARD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAGLEY, JAMES	1.2 NAME	BARON, RICHARD
STREET ADDRESS	237 S. WESTMONTE DR., SUITE 111	1.3 STREET ADDRESS	4750 STONEVIEW CIRCLE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	VD SMITH, RONALD G <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD BATTLES, WILLIAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RONALD G	2.2 NAME	BATTLES, WILLIAM
STREET ADDRESS	237 S. WESTMONTE DR., SUITE 111	2.3 STREET ADDRESS	4709 STONEBRIAR DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	SD MONTGOMERY, KATHERINE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD GRIFFIN, JACK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTGOMERY, KATHERINE	3.2 NAME	GRIFFIN, JACK
STREET ADDRESS	237 S. WESTMONTE DR., SUITE 111	3.3 STREET ADDRESS	4772 STONEVIEW CIRCLE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD ROUTH, ANN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ROUTH, ANN
STREET ADDRESS		4.3 STREET ADDRESS	4733 STONEVIEW CIRCLE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Baron* Richard Baron, President 4/23/97 (813) 784-4392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013118

CR2E037 (9/96)