

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N92000000911 (9)**
1. Corporation Name

STONEBRIAR IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business 3480 EAST LAKE RD. C PALM HARBOR FL 34685 US	Mailing Address P.O. BOX 1448 PALM HARBOR FL 34682-1448 US
--	--

3. Date Incorporated or Qualified 12/23/1992
4. FEI Number 31-1210827
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 10730 U. S. 19 Suite, Apt. #, etc. 22 Suite 17 City & State 23 Port Richey, FL Zip 24 34668	2a. Mailing Address 26 10730 U. S. 19 Suite, Apt. #, etc. 27 Suite 17 City & State 28 Port Richey, FL Zip 29 34668	30 Pasco
---	--	-----------------

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK 3490 E. LAKE RD. STE. C PALM HARBOR FL 34685	
---	--

10. Name and Address of New Registered Agent 81 Name Qualified Property Management, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 10730 U.S. 19 Suite 17 83 84 City Port Richey FL 85 Zip Code 34668	
---	--

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 *Russell Penta* (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARON, RICHARD 4750 STONEVIEW CIR. OLDSMAR FL --- <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR BATTLES, WILLIAM 4709 STONEBRIAR DR. OLDSMAR FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFIN, JACK 4772 STONEVIEW CIRCLE -- OLDSMAR FL -- <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROUTH, ANN -- 4783 STONEVIEW CIRCLE OLDSMAR FL -- <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Merriweather, Lou 4774 Stoneview Circle Oldsmar, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD Yap, Michael 4797 Stonebriar Dr. Oldsmar, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ID Meick, Patricia 4754 Stoneview Circle Oldsmar, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Powell, Dan 4730 Stoneview Circle Oldsmar, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Russell Penta* **Russell Penta** 3-3-98 83 869 9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)