

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90015 035 ****61.25



DOCUMENT # N92000000911
1. Entity Name
STONEBRIAR IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business Mailing Address
251 WINDWARD PASSAGE **251 WINDWARD PASSAGE**
STE F **STE F**
CLEARWATER FL 33767 **CLEARWATER FL 33767**
US **US**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-3207258 Not Applicable

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

6. Name and Address of Current Registered Agent
NICHOLS, SHERON
251 WINDWARD PASSAGE
STE F
CLEARWATER FL 33767

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAPA, SUSANNE	
STREET ADDRESS	4750 STONEBRIAR DRIVE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEMOUITZ, DEBRA	
STREET ADDRESS	4771 STONEVIEW DR.	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TERRY, J C	
STREET ADDRESS	4731 STONEVIEW CIR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMENO, TERRI	
STREET ADDRESS	4746 STONEVIEW CIRCLE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TERRI AMENO* TERRI AMENO 3-1-06 727-784-6792