

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90013 041 ****61.25



DOCUMENT # N92000000911		1. Entity Name	
STONEBRIAR IMPROVEMENT ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
251 WINDWARD PASSAGE STE F CLEARWATER FL 33767 US		251 WINDWARD PASSAGE STE F CLEARWATER FL 33767 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NICHOLS, SHERON 251 WINDWARD PASSAGE STE F CLEARWATER FL 33767		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)			
Signature, typed or printed name of registered agent and title if applicable. DATE			



1st MOORE CR2E037 (10/06)

4. FEI Number	59-3207258	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPA, SUSANNE		NAME	DAVID MCGURK	
STREET ADDRESS	4750 STONEBRIAR DRIVE		STREET ADDRESS	4723 STONEBRIAR DR.	
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY, J C		NAME	MELISSA JOSEPH	
STREET ADDRESS	4731 STONEVIEW CIR		STREET ADDRESS	4140 STONEVIEW	
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMENO, TERRI		NAME	SHARON KIRKBRIDE	
STREET ADDRESS	4746 STONEVIEW CIRCLE		STREET ADDRESS	4734 STONEVIEW	
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SHARON GREENFIELD	
STREET ADDRESS			STREET ADDRESS	4715 STONEBRIAR	
CITY-ST-ZIP			CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: James C Terry 2/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date