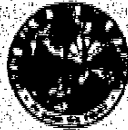


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra G. Northam
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:50

DOCUMENT # N93000002242 (6)

**1. Corporation Name
STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC**

**Principal Place of Business Mailing Address
5305 S. STONERIDGE DR. INVERNESS FL 34450
5305 S. STONERIDGE DR. INVERNESS FL 34450**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/13/1993 3a. Date of Last Report 04/14/1994
4. FEI Number 59-3182514

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip Country **28** Zip Country
24 **25** **29** **30**

5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KINZIE, GEORGE W
5305 S. STONERIDGE DR.
INVERNESS FL 34450**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 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 the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|------------------------|------------------------------|
| TITLE | P |
| NAME | BENNETT, MARILYN M. |
| STREET ADDRESS | 5494 S. STONERIDGE DR |
| CITY - ST - ZIP | INVERNESS FL |
| TITLE | VP |
| NAME | KINZIE, GEORGE W |
| STREET ADDRESS | 5537 S. STONERIDGE DR |
| CITY - ST - ZIP | INVERNESS FL |
| TITLE | ST |
| NAME | BAKOS, ROGER V. |
| STREET ADDRESS | 5393 S STONERIDGE DR |
| CITY - ST - ZIP | INVERNESS FL |
| TITLE | D |
| NAME | DEBEDIAN, GEORGE |
| STREET ADDRESS | 5490 S STONERIDGE DR |
| CITY - ST - ZIP | INVERNESS FL |
| TITLE | D |
| NAME | JOHNSON, BILL |
| STREET ADDRESS | 5530 S LANDING TER. |
| CITY - ST - ZIP | INVERNESS FL |
| TITLE | D |
| NAME | SMITH, BILL |
| STREET ADDRESS | 5401 S. STONERIDGE DR |
| CITY - ST - ZIP | INVERNESS FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------------------|-------------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ROBERT STUTZMAN | |
| 1.3 STREET ADDRESS | 5614 S. STONERIDGE DR | |
| 1.4 CITY - ST - ZIP | INVERNESS FL 34450 | |
| 2.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ROBERT WELLMAN | |
| 2.3 STREET ADDRESS | 5494 S. STONERIDGE DR | |
| 2.4 CITY - ST - ZIP | INVERNESS FL 34450 | |
| 3.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | JANICE SERGENT | |
| 3.3 STREET ADDRESS | 5381 S. STONERIDGE DR | |
| 3.4 CITY - ST - ZIP | INVERNESS FL 34450 | |
| 4.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | WALTER E. JOHNSON | |
| 4.3 STREET ADDRESS | 5472 S. WINGEDALEM WAY | |
| 4.4 CITY - ST - ZIP | INVERNESS FL 34450 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | JOHN BASHAINE | |
| 5.3 STREET ADDRESS | 5385 S. STONERIDGE DR | |
| 5.4 CITY - ST - ZIP | INVERNESS FL 34450 | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | JOHN CALWAY | |
| 6.3 STREET ADDRESS | 8076 E. SPYROMAS LN. | |
| 6.4 CITY - ST - ZIP | INVERNESS FL 34450 | |
| 7.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7.2 NAME | BILL JOHNSON | |
| 7.3 STREET ADDRESS | 5530 S. LANDING TER. | |
| 7.4 CITY - ST - ZIP | INVERNESS FL 34450 | |

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 110.07(3)(k), 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: Robert E. Wellman **4/15/95** **904-860-0032**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #