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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 34450-8516

3. Date Incorporated or Qualified
05/13/1993

3a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3182514

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAYMAKER, THOMAS E
2218 HIGHWAY 44 WEST
INVERNESS FL 34453

B1 Name SLAYMAKER, Thomas E
B2 Street Address (P.O. Box Number is Not Acceptable)
2218 HIGHWAY 44 WEST
B3
B4 City INVERNESS FL B5 Zip Code 34450

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENNETT, MARILYN	
STREET ADDRESS	5494 S STONERIDGE DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOULDER, ROBERT	
STREET ADDRESS	5349 S STONERIDGE DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAUB, J. ROBERT	
STREET ADDRESS	5501 S STONERIDGE DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, SHIRLEY	
STREET ADDRESS	5401 S STONERIDGE DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAJEWSKI, MARIBELLE	
STREET ADDRESS	5482 S STONERIDGE DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALTON, CLIFFORD	
STREET ADDRESS	5344 S STONERIDGE DR	
CITY-ST-ZIP	INVERNESS FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BENNETT, MARILYN	
1.3 STREET ADDRESS	5494 S. STONERIDGE DR	
1.4 CITY-ST-ZIP	INVERNESS FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BENEDICT, CHAUNCEY	
2.3 STREET ADDRESS	5505 S. STONERIDGE DR	
2.4 CITY-ST-ZIP	INVERNESS FL	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAUB, J ROBERT.	
3.3 STREET ADDRESS	5501 S. STONERIDGE DR.	
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SMITH, SHIRLEY	
4.3 STREET ADDRESS	5401 S STONERIDGE DR	
4.4 CITY-ST-ZIP	INVERNESS FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KRAJEWSKI, MARIBELLE	
5.3 STREET ADDRESS	5482 S. STONERIDGE DR	
5.4 CITY-ST-ZIP	INVERNESS FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DEBEJIAN, GEORGE	
6.3 STREET ADDRESS	5490 S. STONERIDGE DR	
6.4 CITY-ST-ZIP	INVERNESS FL	

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: *Marilyn Bennett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-97 352-675564
3-7-97 352-344-5214
Date Daytime Phone # 0066320

CR2E037 (9/96)