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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002242

1. Corporation Name
STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC

Principal Place of Business 5305 S. STONERIDGE DR. INVERNESS FL 34450	Mailing Address 5305 S. STONERIDGE DR. 5491 S STONE RIDGE INVERNESS FL 34450 US
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2. Principal Place of Business 21 5491 S. Stoneridge Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 5491 S. Stoneridge Dr. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/13/1993
22	27	4. FEI Number 59-3182514 Applied For Not Applicable
23 City & State Inverness	28 City & State Inverness	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34450	25 Country USA	29 Zip 34430
30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SLAYMAKER, THOMAS E 2218 HIGHWAY 44 WEST 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
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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	1.1 TITLE	P
NAME	BENNETT, MARILYN	1.2 NAME	Chauncey Benedict
STREET ADDRESS	5494 S STONERIDGE DR	1.3 STREET ADDRESS	5505 S. Stoneridge Dr.
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	Inverness, FL 34450
TITLE	VP	2.1 TITLE	S
NAME	BENEDICT, CHAUNCEY	2.2 NAME	Lois Lupperger
STREET ADDRESS	5505 S STONERIDGE DR	2.3 STREET ADDRESS	3076 E. Spiker Moss Lane
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	Inverness, FL 34450
TITLE	S	3.1 TITLE	T
NAME	RAUB, J. ROBERT	3.2 NAME	D. Calvin Holloway
STREET ADDRESS	5501 S STONERIDGE DR	3.3 STREET ADDRESS	5524 S. Stoneridge Dr.
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	Inverness, FL 34450
TITLE	T	4.1 TITLE	D
NAME	SMITH, SHIRLEY	4.2 NAME	Roger Bakos
STREET ADDRESS	5401 S STONERIDGE DR	4.3 STREET ADDRESS	5393 S. Stoneridge Dr.
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	Inverness, FL 34450
TITLE	D	5.1 TITLE	D
NAME	KRAJEWSKI, MARIBELLE	5.2 NAME	Bonnie Connelly
STREET ADDRESS	5482 S STONERIDGE DR	5.3 STREET ADDRESS	5457 S. Stoneridge Dr.
CITY-ST-ZIP	INVERNESS FL	5.4 CITY-ST-ZIP	Inverness, FL 34450
TITLE	D	6.1 TITLE	D
NAME	DEBEJIAN, GEORGE	6.2 NAME	Renny Bakos
STREET ADDRESS	5490 S STONERIDGE DR	6.3 STREET ADDRESS	5393 S. Stoneridge Dr.
CITY-ST-ZIP	INVERNESS FL	6.4 CITY-ST-ZIP	Inverness, FL 34450

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, with all other like empowered.

SIGNATURE: D. Calvin Holloway 3/23/99 344-3916
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)