

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90104 010 \*\*\*\*61.25

**DOCUMENT # N93000002242**

1. Entity Name

**STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC**

Principal Place of Business

Mailing Address

5491 STONERIDGE DR  
 INVERNESS FL 34450

5491 STONERIDGE DR  
 INVERNESS FL 34450  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3182514**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLAYMAKER, THOMAS E**  
**2218 HIGHWAY 44 WEST**  
**INVERNESS FL 34450**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **P CARLSON, ROBERT**  
 STREET ADDRESS **5531 WINGED ELM WAY**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE *President*  
 NAME **HEYMAN, JOHN**  Change  Addition  
 STREET ADDRESS **5494 S. LANDING TERR.**  
 CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE  Delete  
 NAME **S BESTON, WESTEY**  
 STREET ADDRESS **5521 S. LANDING TERR.**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE  Change  Addition  
 NAME **S ~~CATHE~~ HAWKES, CATHERINE**  
 STREET ADDRESS **8018 E. River Birch Place**  
 CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE  Delete  
 NAME **T HOLLOWAY, CALVIN**  
 STREET ADDRESS **5524 S. STONERIDGE DR**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BAKOS, ROGER**  
 STREET ADDRESS **53693 S. STONERIDGE DR**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE  Change  
 NAME **D COATES, BONNIE**  
 STREET ADDRESS **5369 S. STONERIDGE DR.**  
 CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE  Delete  
 NAME **D CANNON, BILL**  
 STREET ADDRESS **5356 S. STONEBRIDGE DR**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE  Change  Addition  
 NAME **DIRECTOR CHAMBERLAIN, HARRY**  
 STREET ADDRESS **5353 S. STONERIDGE DR.**  
 CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE  Delete  
 NAME **D SMITH, SHIRLEY**  
 STREET ADDRESS **5401 S. STONEBRIDGE DR.**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE  Change  Addition  
 NAME **DIRECTOR DEVITT, NORA**  
 STREET ADDRESS **5401 S. LANDING TERR.**  
 CITY-ST-ZIP **INVERNESS, FL 34450**

12. 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 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: *Signature Required* **CALVIN HOLLOWAY** Treasurer **1-18-2001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #

CR2E037 (10/00)