2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002242

FILED Mar 21, 2005 Secretary of State

Entity Name: STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC.

Current Principal Place of Business: New Principal Place of Business:

5491 STONERIDGE DR INVERNESS, FL 34450

Current Mailing Address: New Mailing Address:

5541 S. WINGED ELM WAY 5344 S. STONERIDGE DR. INVERNESS, FL 34450 INVERNESS, FL 34450 US US

FEI Number: 59-3182514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete FERNANDEZ, RICHARD CONNELLY, RICHARD Name: Name: 5541 S. WINGED ELM WAY Address: 5457 S. STONERIDGE DR. Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450

Title: () Delete Title: (X) Change () Addition

CONNELLY, RICHARD Name: LEBEAU, FRED Name:

Address: 5457 S. STONERIDGE DR. Address: 5304 S. STONERIDGE DR. City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450

Title: () Delete Title: () Change () Addition

FERGUSON, DON Name: Name: Address: 5519 S. WINGED ELM WAY Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip:

() Delete (X) Change () Addition Title: Title: FERNANDEZ, BARBARA

Name: Name: GILLETT, DUDLEIGH 5541 S. WINGED ELM WAY Address: Address: 5344 S. STONERIDGE DR. City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450

Title: () Delete Title: (X) Change () Addition

BAKOS, RENNY DEVITT, NORA Name: Name:

5393 S. STONERIDGE DR. 5491 S. LANDING TERRACE Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450

Title: () Delete Title: (X) Change () Addition

PEZZUTI, JOE NISSEN. EILEEN Name: Name:

Address: 5445 S. WINGED ELM WAY Address: 5494 S. STONERIDGE DR. INVERNESS, FL 34450 INVERNESS, FL 34450 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUDLEIGH GILLETT Т 03/21/2005