

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90023 011 ****61.25

DOCUMENT # N94000003079

1. Entity Name
**STONERIDGE LAKE ESTATES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**3300 CORPORATE AVE
110
WESTON, FL 33331 US**

Mailing Address
**GABLES PROPERTY MGMT
3300 CORPORATE AVE #110
WESTON, FL 33331 US**

3000-



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0617821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RANDALL K. ROGER AND ASSOCIATES
612 NW 53RD STREET, #300
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **DINER, MANUEL**
STREET ADDRESS **3300 CORPORATE AVE., #110**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **S** ☐ Delete
NAME **CORSO, KATHY**
STREET ADDRESS **3300 CORPORATE AVE., #110**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **D** ☐ Delete
NAME **SAMSTAD, SAM**
STREET ADDRESS **3300 CORPORATE AVE., #110**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **D** ☐ Delete
NAME **MARTINEZ, ERNESTO**
STREET ADDRESS **3300 CORPORATE AVE., #110**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **D** ☐ Delete
NAME **GUSKE, KEVIN**
STREET ADDRESS **3300 CORPORATE AVE., #110**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DENISE EYERMAN**
STREET ADDRESS **1495 N. PARK DR**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **1495 N. PARK DR** ☒ Change ☐ Addition
NAME **WESTON FL 33326**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRES.** ☒ Change ☐ Addition
NAME **1495 N. PARK DR**
STREET ADDRESS **WESTON FL 33326**
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **1495 N. PARK DR**
STREET ADDRESS **WESTON FL 33326**
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **1495 N. PARK DR**
STREET ADDRESS **WESTON FL 33326**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kevin Guske

KEVIN GUSKE

2/21/2006

954-916-7530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #