2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003079

FILED Mar 31, 2009 Secretary of State

Entity Name: STONERIDGE LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

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

1995 NORTH PARK 1495 NORTH PARK DRIVE WESTON, FL 33326 US WESTON, FL 33326 US

Current Mailing Address: New Mailing Address:

1995 NORTH PARK US 1495 NORTH PARK DRIVE WESTON, FL 33326 US WESTON, FL 33326 US

FEI Number: 65-0617821 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:

BAKALAR & EICHNER, P.A. 150 SOUTH PINE ISLAND RD., STE. 540 PLANTATION, FL 33324 US

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:

Address:

City-St-Zip:

Clarksonia Ciamakura of Daniakura d Anauk

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

1495 N. PARK DRIVE

WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 EYERMAN, DENISE
 Name:
 EYERMAN, DENISE

 Address:
 1495 N PARK DRIVE
 Address:
 1495 N PARK DRIVE

 City-St-Zip:
 WESTON, FL 33331
 City-St-Zip:
 WESTON, FL 33326

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

 Name:
 CORSO, KATHY
 Name:
 CORSO, KATHLEEN

 Address:
 1495 N. PARK DRIVE
 Address:
 1495 N. PARK DRIVE

 City-St-Zip:
 WESTON, FL 33331
 City-St-Zip:
 WESTON, FL 33326

 Name:
 SAMSTAD, MARK
 Name:
 SAMSTAD, MARK

 Address:
 1495 N. PARK DRIVE
 Address:
 1495 N. PARK DRIVE

 City-St-Zip:
 WESTON, FL 33331
 City-St-Zip:
 WESTON, FL 33326

 $\label{eq:title: VP (X) Change () Addition} \begin{picture} Title: & VP & (X) Change () Addition \\ \end{picture}$

 Name:
 DOCKEL, BOB
 Name:
 DOCEKAL, BOB

 Address:
 1495 N. PARK DRIVE
 Address:
 1495 N. PARK DRIVE

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 WESTON, FL 33326

Title: P () Delete Title: T (X) Change () Addition Name: GUSKE, KEVIN Name: GUSKE, KEVIN

Name: GUSKE, KEVIN Address: 1495 N. PARK DRIVE City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARK SAMSTAD PRES 03/31/2009