

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 12, 2008  
Secretary of State**

DOCUMENT# N06000013076

Entity Name: STONECAVE HOMECOMING ASSOCIATION, INC.

**Current Principal Place of Business:**

6933 W UNIVERSITY AVE  
APT 604  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

6933 W UNIVERSITY AVE  
#604  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 56-2598076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BIRD, DEBORAH  
6933 W UNIVERSITY AVE  
APT 604  
GAINESVILLE, FL 32607 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: BIRD, DEBORAH  
Address: 6933 W UNIVERSITY AVE #604  
City-St-Zip: GAINESVILLE, FL 32607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: PAYNTER, GARY  
Address: 4133 E FREEDOM CIRCLE  
City-St-Zip: OOLTEWAH, TN 37363

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: BIRD, DONNA  
Address: 115 S BULOVA BLVD, UNIT B  
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEBORAH BIRD

ED

05/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date