2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach,

SIGNATURE:

FILED DOCUMENT # N99000002629 Jun 09, 2000 8:00 am Entity Name **Secretary of State** STONEFIELD HOMEOWNERS ASSOCIATION, INC. 06-09-2000 90033 034 ****61.25 Mailing Address Principal Place of Business 555 WINDERLEY PL., STE. 420 555 WINDERLEY PL., STE, 420 MAITLAND FL 32751-7143 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address 2180 WEST SR 434 2180 WEST SR 434 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 5000 Suite, Apt. #, etc. 5000 City & State Applied For City & State LONGWOOD FL 4. 55 N3575734 LONGWOOD FL Not Applicable Country \$8.75 Additional Zip 32779 Country 5. Certificate of Status Desired Fee Required USA 32779 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HART JAMES W JR O'SULLIVAN, CHARLES F SENTRY_MANAGEMENT._INC 555 WINDERLEY PL., STE. 420 2180 W SR 434 STE 5000 MAITLAND FL 32751 LONGWOOD 'FL" '32779-5044" 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 regis d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE PD NAME NAME O'SULLIVAN, CHARLES F STREET ADDRESS STREET ADDRESS 555 WINDERLEY PL., STE. 420 CITY-ST-ZIP CITY-ST-ZIP MATTLAND FL 32751 ☐ Change Addition TITLE Delete ٧D..., TITLE D PARKER, JENNIFER HILL, ALLEN' .: NAME STREET ADDRESS STREET ADDRESS 555 WINDERLEY PL., STE. 420 555 WINERLEY PL #129 CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL MAITLAND FL 32751 ☐ Change Addition TITLE T Delete TITLE NAME DUNCAN, JUDITH L HILL, ALAN NAME STREET ADDRESS 555 WINDERLEY PL #129 STREET ADDRESS 555 WINDERLEY PL., STE. 420 CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP MAITLAND FL 32751 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 41 other 10 or Block 11 if