2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90036 033 ****61.25

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1. Entity Name
STONEFIELD HOMEOWNERS ASSOCIATION, INC.

J4U14868

Principal Place of Business	Mailing Address
3114 RIVER BRANCH CIR KISSIMMEE, FL 34741	3114 RIVER BRANCH CIR KISSIMMEE, FL 34741

01232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3575734 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Community Management Prof. Inc.
Street Address (P.O. Box Number is Not Acceptable): 5401 S. Kirkman Rd. #450
City: Orlando FL Zip Code: 32819

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: Sue Carpenter, President 1-22-04
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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHULTZ, BILL 3114 RIVER BRANCH CIR KISSIMMEE, FL 34741	☐ Delete	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KNEIP, JOE 3504 VINING CT KISSIMMEE, FL 34741	☐ Delete	D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BUCCI, BOB 3510 STONEFIELD PKWY KISSIMMEE, FL 34741	☐ Delete	DVP	☑ Change ☐ Addition
TITLE D/P / NAME JON / STREET ADDRESS / CITY-ST-ZIP	JONAH QUITTSCHREIBER 3159 Hanging Moss Cir Kissimmee Fl 34741	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL SHEA 3177 Hanging Moss Cir Kissimmee Fl 34741 ☐ Change ☐ Addition
TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	ANN ROEHRICH 3196 Stonehurst Cir Kissimmee Fl 34741	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	EUGENE DOBSON 3423 FERNWOOD DR KISSIMMEE Fl 34741 ☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSEPH GOMBARDELLA 3443 FERN WOOD DR KISSIMMEE Fl 34741		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 all other like empowered.

SIGNATURE: _____ 1-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #