2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

1. Entity Name STONEFIELD HOMEOWNERS ASSO		0.	5-04-2005 90125 006 ****61.25			
Principal Place of Business COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 KIRKMAN RD, SUITE 450 ORLANDO, FL 32819	Mailing Address COMMUNITY MANAGEME 5401 KIRKMAN RD, SUIT ORLANDO, FL 32819	INT PROFESSIONALS IN		10 M		
2. Principal Place of Business O Feland Managemen	3. Mailing Address 1	1 Manageme				
Boog 5. Orange Ave	Suite, Apt. #, etc. 8009 S. Dr.	ange Ave		hg-NP CR2E037 (10/03)		
Orlando FL	Orlando	FL	4. FEI Number 59-357573	Applied For Not Applicable	_	
32809 Country USA	32809	US A	5. Certificate of St	atus Desired		
6. Name and Address of Current F	legistered Agent		7. Name and Add	ress of New Registered Agent	_	
COMMUNITY MANAGEMENT PROF. INC.		Le	F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
5401 S KIRKMAN RD # 450		Sireal Address	Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO, FL 32819			-	J · ,		
		CityOclo	ndo	FL Zip Code 32809	-	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or both, in	the State of Florida. I am familiar with, and accept	_	
	av .	egistered office or registe		the State of Florida. I am familiar with, and accept DATE		
the obligations of gristered agent. SIGNATURE AMULA MILITARY	av .	Registered Agent signature require				
signature Signature, typed or printed name of registered agent a	9. Election Camp Trust Fund Co	Registered Agent signature require paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make check payable to Florida Department of State ES TO OFFICERS AND DIRECTORS IN 10	_	
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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 be 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE DA

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

D/S DOBSON, EUGENE

3423 FERNWOOD DR.

KISSIMMEE, FL 34741

QUITTSCHREIBER JON 3159 HANGING MOSS CIR

KISSIMMEE, FL 34741

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

Gudrun D'Autorio 3175 Hanging Moss Cir.

KISSIMMee, FL 34741

☐ Change ☐ Addition