2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90125 006 ****61.25

DOCUMENT # N99000002629

1. Entity Name
STONEFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 KIRKMAN RD, SUITE 450 ORLANDO, FL 32819	COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 KIRKMAN RD, SUITE 450 ORLANDO, FL 32819

2. Principal Place of Business	3. Mailing Address
c/o Leland Management	c/o Leland Management
Suite, Apt. #, etc.: 8009 S. Orange Ave	Suite, Apt. #, etc.: 8009 S. Orange Ave
City & State: Orlando FL	City & State: Orlando FL
Zip: 32809 Country: USA	Zip: 32809 Country: USA

04132005 Chg-NP CR2E037 (10/03)

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
COMMUNITY MANAGEMENT PROF. INC. 5401 S KIRKMAN RD # 450 ORLANDO, FL 32819	Name: Leland Management Street Address (P.O. Box Number is Not Acceptable): 8009 S. Orange Avenue City: Orlando FL Zip Code: 32809

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: Jo Ellen Shea
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, 2005

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	SD SHULTZ, BILL 3114 RIVER BRANCH CIR KISSIMMEE, FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jo Ellen Shea 3177 Hanging Moss Cir. Kissimmee, FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNEIP, JOE 3504 VINING CT KISSIMMEE, FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ann M. Boehrich 3196 Stonehurst Cir Kissimmee, FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BUCCI, BOB 3510 STONEFIELD PKWY KISSIMMEE, FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joseph J. Gambardella 3443 Fernwood Dr. Kissimmee, FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T SHEA, PAUL 3177 HANGING MOSS CIR KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP Sami Halaweh 3171 Hanging Moss Cir Kissimmee, FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S DOBSON, EUGENE 3423 FERNWOOD DR. KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP QUITTSCHREIBER, JON 3159 HANGING MOSS CIR KISSIMMEE, FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Gudrun D'Autorio 3175 Hanging Moss Cir. Kissimmee, FL 34741	☐ 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: [signature] 426.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #