

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002629

FILED
Apr 19, 2007
Secretary of State

Entity Name: STONEFIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

C/O LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3575734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: CHOWN, EDWARD
Address: 3119 HANGING MOSS CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: VP () Delete
Name: WEISS, BOB
Address: 3181 RIVER BRANCH CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: TR () Delete
Name: DUPRE, JANISE
Address: 3147 HANGING MOSS CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: S () Delete
Name: DUPRE, JANISE
Address: 3147 HANGING MOSS CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: GILLIAN, JAMES
Address: 3430 FERNWOOD DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: PEDALINO, PHILOMENA
Address: 3192 STONEHURST CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD CHOWN

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date