2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002629

FILED Apr 28, 2009 Secretary of State

Entity Name: STONEFIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O LELAND MANAGEMENT C/O LELAND MANAGEMENT 5955 T.G. LEE BLVD, SUITE 300 6972 LAKE GLORIA BLVD ORLANDO, FL 32822 ORLANDO, FL 32809 New Mailing Address: **Current Mailing Address:** C/O LELAND MANAGEMENT C/O LELAND MANAGEMENT 5955 T.G. LEE BLVD, SUITE 300 6972 LAKE GLORIA BLVD ORLANDO, FL 32822 ORLANDO, FL 32809 FEI Number: 59-3575734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LELAND MANAGEMENT LELAND MANAGEMENT 5955 T.G. LEE BLVD 6972 LAKE GLORIA BLVD ORLANDO, FL 32809 SUITE 300 ORLANDO, FL 32809 US 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: REBECCA FURLOW 04/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CHOWN, EDWARD Name: Name: 3119 HANGING MOSS CIRCLE Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: Title: () Delete () Change () Addition WEISS, BOB Name: Name: Address: 3181 RIVER BRANCH CIRCLE Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: () Delete Title: () Change () Addition PEDALINO, PHILOMENA Name: Name: 3192 STONEHURST CIRCLE Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DUPRE, JANISE Name: 3147 HANGING MOSS CIRCLE Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROSARIO, JUAN DECARLO, ANTHONY Name: Name: 3128 HANGING MOSS CIRCLE 3505 STONEFIELD PARKWAY Address: Address: KISSIMMEE, FL 34741 City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify 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: REBECCA FURLOW PRES 04/28/2009