

PARTNERSHIP ANNUAL REPORT
Due By September 24, 2010

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

10 MAY 27 PM 2:46

DOCUMENT # A00000002041

1. Entity Name
WILSON STONE HEARTH FARM LIMITED PARTNERSHIP



Principal Place of Business
**321 NORTH LAKE WAY
 PALM BEACH, FL 33480**

Mailing Address
**321 NORTH LAKE WAY
 PALM BEACH, FL 33480**



2. Principal Place of Business - No P.O. Box #
321 North Lake Way
 Suite, Apt. #, etc.

3. Mailing Address
321 North Lake Way
 Suite, Apt. #, etc.

05122010 Chg-LP CR2E003 (11/08)

City & State
Palm Beach, FL
 Zip
33480
 Country
Palm Beach

City & State
Palm Beach, FL
 Zip
33480
 Country
Palm Beach

4. FEI Number
65-1101343
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MENDEL, NANCY W
 321 NORTH LAKE WAY
 PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Signature (typed or printed name of registered agent and then I apply again)

DATE

FILE NOW!!! FEE IS \$500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**WILSON, VIRGINIA B
 321 NORTH LAKE WAY
 PALM BEACH, FL 33480**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MENDEL, NANCY W
 321 N LAKE WAY
 PALM BEACH, FL 33480**

STREET ADDRESS
 CITY-ST-ZIP

500184676915
08/25/10-01001-003 **500.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

AUG 24 2010

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Nancy W. Mendel Nancy W. Mendel

5/20/12

561-655-4029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

pd
\$ 500
5/21/10

May 14, 2010

WILSON STONE HEARTH FARM LIMITED PARTNERSHIP
321 NORTH LAKE WAY
PALM BEACH, FL 33480

1243

SUBJECT: WILSON STONE HEARTH FARM LIMITED PARTNERSHIP
Ref. Number: A00000002041

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock

Registration/Qualification Section
Division of Corporations Letter Number: 110A00012218

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Nancy W. Mendel
321 North Lake Way
Palm Beach, FL 33480



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Leah Gable
FL Dept. of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

2. Article Number
(Transfer from service label)

7009 2250 0003 5775 3120

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAY 27 2010
Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes