

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003032

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: STONE MILL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1415 E. PIEDMONT DR., STE. 3  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1415 E. PIEDMONT DR., STE. 3  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 20-4880061      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOCK, BYRON B.  
1415 E. PIEDMONT DR., STE. 3  
TALLAHASSEE, FL 32308 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: DP ( ) Delete  
Name: BLOCK, BYRON B.  
Address: 1415 E. PIEDMONT DR., STE. 3  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DV ( ) Delete  
Name: LEWIS, JOHN  
Address: 401 E. VIRGINIA ST.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DT ( ) Delete  
Name: WILKINSON, BEN JR.  
Address: 217 JOHN KNOX RD.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete  
Name: HEBENTHAL, ELAINE  
Address: 1415 E. PIEDMONT DR., STE. 3  
City-St-Zip: TALLAHASSEE, FL 32308

**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  
Name:  
Address:  
City-St-Zip:

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: ELAINE HEBENTHAL

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02/19/2009

Electronic Signature of Signing Officer or Director

Date