06241999-90021-006-$61.25-$61.25

ANNUAL REPORT
1999

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 24, 1999 8:00 am
Secretary of State
06-24-1999 90021 006 ****61.25

DOCUMENT # N09851

1. Corporation Name
STONELER WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4242 MAINSAIL STREET TALLAHASSEE FL 32303	4242 MAINSAIL STREET TALLAHASSEE FL 32303

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 4826 Mainsail Street	26 4826 Mainsail Street	06/19/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2595547 ☐ Applied For ☐ Not Applicable
City & State 23 Tallahassee fl	City & State 28 Tallahassee fl	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 32303 Country 25	Zip 29 32303 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KRING, BECKY
4234 MAINSAIL ST.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Ann Knight
82 Street Address (P.O. Box Number is Not Acceptable): 4826 Mainsail Street
83
84 City: Tallahassee FL 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Ann Knight — DATE: 7-5-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☑ DELETE	1.1 TITLE	PSD	☑ Change ☐ Addition
NAME	KRING, BECKY		1.2 NAME	Knight, Ann	
STREET ADDRESS	4234 MAINSAIL ST		1.3 STREET ADDRESS	4826 Mainsail Street	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	Tallahassee, fl 32303	
TITLE	VPTD	☑ DELETE	2.1 TITLE	VPTD	☑ Change ☐ Addition
NAME	KNIGHT, ANN		2.2 NAME	Sandon, Steve	
STREET ADDRESS	4226 MAINSAIL ST		2.3 STREET ADDRESS	4833 mainsail Street	
CITY-ST-ZIP	TALLAHASSE FL 32303		2.4 CITY-ST-ZIP	Tallahassee, fl 32303	
TITLE	T	☑ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	SANDON, STEVE		3.2 NAME	Poka, Richard	
STREET ADDRESS	4233 MAINSAIL ST		3.3 STREET ADDRESS	4218 mainsail Street	
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP	Tallahassee, fl 32303	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Knight **SIGNATURE REQUIRED** — 6-9-99 — 850-562-1471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #