


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90029 042 \*\*\*\*61.25

<b>DOCUMENT # N09851</b>	
1. Entity Name STONELEER WOODS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 4226 MAINSAIL STREET TALLAHASSEE, FL 32303	Mailing Address 4226 MAINSAIL STREET TALLAHASSEE, FL 32303
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40035483



02242007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2595547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  KNIGHT, ANN 4226 MAINSAIL STREET TALLAHASSEE, FL 32303
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KNIGHT, ANN 4226 MAINSAIL STREET TALLAHASSEE, FL 32303	<i>PSD Osteberry, Tim 4241 Mainsail St. Tallahassee FL 32303</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SANDON, STEVE 4233 MAINSAIL STREET TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POKA, RICHARD 4218 MAINSAIL STREET TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE IN THIS SPACE**

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <i>Ann Knight</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>2-26-07</i> Date	Daytime Phone #
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