## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 20, 2008 8:00 am Secretary of State

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DOCUMENT # N09851  1. Entity Name STONELER WOODS HOMEOWNERS ASSOCIATION, INC.							08-20-200	90002	004 ****6	1.25	
Principal Place of Business 4226 MAINSAIL STREET TALLAHASSEE, FL 32303		Mailing Address 4226 MAINSAIL STREET TALLAHASSEE, FL 32303					40113936				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				•	08122008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State					4. FEI Number Applied For 59-2595547 Not Applicate				
Zip	Country	Zip	,	Cou	untry		5. Certificate	f Status Desire	ed 🗌	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registere	d Agent				7. Hame and	Address of Ne	w Ragistero	d Agent 💳	•
KNIGHT, ANN 4226 MAINSAIL STREET						e t Address (P.O. Box Number is Not Acceptable)					
	SSEE, FL 32303				ļ						
•	ı				City					Zip Cod	le
	named entity submits this statement for	or the purp	ose of changing its	registere	l ed office o	r register	ed agent, or both	, in the State o			and accept
the congat	ions of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered agent	and title il app	nlicable. (NOTE	E: Regislere	d Agent signa	ture required	when reinstating)		DATI	E .	_ <del></del>
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 12, 2008	and title il app	9. Election Can Trust Fund C	npaign F	inancing	ture required	\$5.00 May Be Added to Fees	, ,	Make che	eck payable to	
	Filing Fee is \$61.25		9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees		Make che Florida Dep	ock payable t partment of S	tate
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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.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

8-19-08

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