9/10/01-90004-020-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002386

1. Entity Name

STONYWOOD FARMS HOMEOWNERS' ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 27 AM 9:22
000163
A00084281

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~556 HIGH OAKS COURT~~ ~~TALLAHASSEE FL 32312~~ Ed West	~~556 HIGH OAKS COURT~~ ~~TALLAHASSEE FL 32312~~
2. Principal Place of Business 104 MEADOW Wood Ct.	3. Mailing Address SAME "
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TAL. FLA.	City & State
Zip 32312 Country LEON	Zip Country

4. FEI Number 59-3471845 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUMPHREY, JAMES E 556 HIGH OAKS COURT TALLAHASSEE FL 32312	Name: Ed West Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box~~ 104 MEADOW Wood Court City: TAL Fla FL Zip Code: 32312

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~PUMPHREY, JAMES E~~ ~~556 HIGH OAKS COURT~~ ~~TALLAHASSEE FL 32312~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President TODD Hunter 106 MEADOW Wood Ct. TAL Fla 12	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, KELLY 451 LACY WOODS COURT TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. P / see Treasurer Ed West 104 MEADOW Wood Ct. TAL Fla 12	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~PUMPHREY, ROBERT~~ ~~556 HIGH OAKS COURT~~ ~~TALLAHASSEE FL 32312~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Herman C Potts 110 MEADOW Wood Ct. TAL Fla 12	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$10/2	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

12. 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 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: SIGNATURE REQUIRED Ed West 9/9/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #