

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007256

1. Entity Name

STONE FIELD PROPERTY OWNERS' ASSOCIATION, INC.

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90027 033 ****61.25

Principal Place of Business

4638-B HWY.90 EAST
MARIANNA FL 32446

Mailing Address

P.O. BOX 1564
MARIANNA FL 32447

2. Principal Place of Business

3. Mailing Address

Stonefield Property Inc

Suite, Apt. #, etc.

P.O. Box 56

Cypress Fl.

32432-0056

Jackson

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3614531

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

HAMILTON, JOHN
4638-B HWY.90 EAST
MARIANNA FL 32446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 PD
NAME DOMINALTO, ROBERT
STREET ADDRESS 3123 SALEM CHURCH ROAD
CITY-ST-ZIP SNEADS FL 32460 ☐ Delete

TITLE President
NAME Richard Kennedy ☒ Change ☐ Addition
STREET ADDRESS 6282 Stonefield Dr.
CITY-ST-ZIP marianna, Fla. 32448

TITLE SD
NAME KENNEDY, RICHARD
STREET ADDRESS P.O. BOX 938
CITY-ST-ZIP BRISTOL FL 32321 ☐ Delete

TITLE Secretary/Treasure
NAME Dee Cochran ☐ Change ☒ Addition
STREET ADDRESS 6368 Stonefield Dr
CITY-ST-ZIP marianna, Fla. 32448

TITLE D
NAME O'STEEN, JASON
STREET ADDRESS 2552 CAPITAL CIRCLE NE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE Board member/D
NAME David Alfonso ☒ Change ☐ Addition
STREET ADDRESS 6363 Quarterhorse Lane
CITY-ST-ZIP marianna, Fla. 32448

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Board member/D
NAME Craig Bishop ☒ Change ☐ Addition
STREET ADDRESS 63470 Express Rd
CITY-ST-ZIP Grand Ridge, Fla. 32442

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 ☐ Change ☐ Addition

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 and typed or printed name of signing officer or director

4/15/2002 850-593-243

Date

Daytime Phone #

CR2E037 (9/01)