2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90226 027 ****61.25

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1. Entity Name
STONE FIELD PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4638-B HWY.90 EAST MARIANNA, FL 32446	STONEFIELD PROPERTY INC P.O. BOX 56 CYPRESS, FL 32432-0056

03042004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Law Offices of Baker & Mercer 4431 Lafayette Street Marianna, Fl 32446	Suite, Apt. #, etc.
	City & State
Zip / Country	Zip / Country

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 (F Baker, Frank, P.A. Law Offices of Baker & Mercer 4431 Lafayette Street City Marianna, Fl 32446 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Frank Baker 4/26/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOMINALTO, ROBERT 3123 SALEM CHURCH ROAD SNEADS, FL 32460	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KENNEDY, RICHARD 6282 STONE FIELD DR MARIANNA, FL 32448	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P McCaffrey, John 6237 Stonefield Drive Marianna, Fl 32448	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'STEEN, JASON 2552 CAPITAL CIRCLE NE TALLAHASSEE, FL 32303	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Wagenbrenner, Kenneth 6282 Stonefield Drive Marianna, Fl 32448	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST COCHRANE, DEE 6368 STONE FIELD DR MARIANNA, FL 32448	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Kennedy, Gayle 6334 Stonefield Drive Marianna, Fl 32448	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD ALFONSO, DAVID 6363 QUARTERHOURSE LANE MARIANNA, FL 32448	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Bishop, Craig 6251 Stonefield Drive Marianna, Fl 32448	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD BISHOP, CRAIG 6347 CYPRESS RD. GRAND RIDGE, FL 30442	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Goodman, Tim 6373 Stonefield Drive Marianna, Fl 32448	☐ 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: _____ 4/26/04 (850) 209-2502
SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR — Date — Daytime Phone #

John McCaffrey