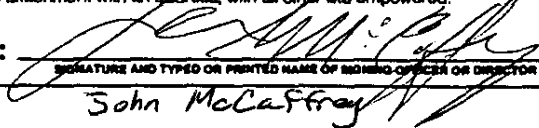


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90226 027 ****61.25

DOCUMENT # N99000007256					
1. Entity Name STONE FIELD PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4638-B HWY.90 EAST MARIANNA, FL 32446			Mailing Address STONEFIELD PROPERTY INC P.O. BOX 56 CYPRESS, FL 32432-0056		
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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
				\$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 		<i>Frank Baker</i>		DATE <i>4/26/04</i>	
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 32480	☒ 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	O 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 QUARTERHOUSE 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 8347 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: 		<i>John McCaffrey</i>		DATE <i>4/26/04</i> (650) 209-2502	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	