
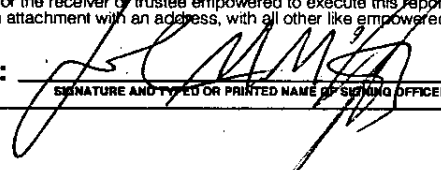


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90074 038 \*\*\*\*61.25

<b>DOCUMENT # N99000007256</b> 1. Entity Name <b>STONE FIELD PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>LAW OFFICES OF BAKER &amp; MERCER</b> <b>4431 LAFAYETTE STREET</b> <b>MARIANNA, FL 32446</b>			Mailing Address <b>STONEFIELD PROPERTY INC</b> <b>P.O. BOX 56</b> <b>CYPRESS, FL 32432-0056</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3614531</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BAKER, FRANK P.A.</b> <b>LAW OFFICES OF BAKER &amp; MERCER</b> <b>4431 LAFAYETTE STREET</b> <b>MARIANNA, FL 32446</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MCCAFFREY, JOHN</b> <b>6237 STONEFIELD DRIVE</b> <b>MARIANNA, FL 32448</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>WAGENBRENNER, KENNETH</b> <b>6282 STONEFIELD DRIVE</b> <b>MARIANNA, FL 32448</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V Goodman Tim</b> <b>6373 Stonefield Dr.</b> <b>Marianna FL 32448</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>KENNEDY, GAYLE</b> <b>8334 STONEFIELD DRIVE</b> <b>MARIANNA, FL 32448</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MD</b> <b>BISHOP, CRAIG</b> <b>6251 STONEFIELD DRIVE</b> <b>MARIANNA, FL 32448</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MD</b> <b>Jason Roberts</b> <b>PO Box 6021</b> <b>Marianna FL 32447</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GOODMAN, TIM</b> <b>6373 STONEFIELD DRIVE</b> <b>MARIANNA, FL 32448</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Stephanie Gleason</b> <b>PO Box 233</b> <b>Grand Ridge FL 32442</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>John McCaffrey</b> <b>3-21-05</b> <b>850-204-2502</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02082005 Chg-NP CR2E037 (10/03)