

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90023 040 \*\*\*\*61.25

<b>DOCUMENT # N99000007256</b>					
<b>1. Entity Name</b> STONE FIELD PROPERTY OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> LAW OFFICES OF BAKER & MERCER 4431 LAFAYETTE STREET MARIANNA, FL 32446			<b>Mailing Address</b> STONEFIELD PROPERTY INC P.O. BOX 56 CYPRESS, FL 32432-0056		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3614531	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BAKER, FRANK P.A. LAW OFFICES OF BAKER & MERCER 4431 LAFAYETTE STREET MARIANNA, FL 32446			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MCCAFFREY, JOHN 6237 STONEFIELD DRIVE MARIANNA, FL 32448		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> GOODMAN, TIM 6373 STONEFIELD DR MARIANNA, FL 32448		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Jason Roberts PO Box 6021 Marianna FL 32447 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> KENNEDY, GAYLE 6334 STONEFIELD DRIVE MARIANNA, FL 32448		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T all else same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MD</b> ROBERTO, JASON POB 6021 MARIANNA, FL 32447		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	md Goodman Tim 6373 Stonefield Dr Marianna FL 32448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GLEASON, STEPHANIE PO BOX 233 GRAND RIDGE, FL 32442		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S Gleason Stephanie 6383 Stonefield Dr. Marianna FL 32448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
<b>SIGNATURE:</b> <u>Gayle Kennedy</u>			Date: <u>4/30/07</u> Daytime Phone #: <u>Ext 226 643-2241</u>		