



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90019 024 \*\*\*\*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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04302008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-3614531</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current 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>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b>	
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	P <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	(D) <b>Paul Pettijohn</b> <b>1514 Buckskin Rd</b> <b>Marianna FL 32448</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>ROBERTS, JASON</b> <b>PO BOX 6021</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	T <b>KENNEDY, GAYLE</b> <b>6334 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	MD <b>GOODMAN, TIM</b> <b>6373 STONEFIELD DR</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	D <b>GLEASON, STEPHANIE</b> <b>6383 STONEFIELD DR</b> <b>MARIANNA, FL 32448</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(S) <b>Gleason Stephanie</b> <b>6383 Stonefield Dr</b> <b>Marianna FL 32448</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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>SIGNATURE:</b> _____			4/29/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		