

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007256

FILED  
Apr 08, 2009  
Secretary of State

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

## Current Principal Place of Business:

LAW OFFICES OF BAKER & MERCER  
4431 LAFAYETTE STREET  
MARIANNA, FL 32446

## New Principal Place of Business:

## Current Mailing Address:

STONEFIELD PROPERTY INC  
P.O. BOX 56  
CYPRESS, FL 324320056

## New Mailing Address:

FEI Number: 59-3614531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKER, FRANK P.A.  
LAW OFFICES OF BAKER & MERCER  
4431 LAFAYETTE STREET  
MARIANNA, FL 32446 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCCAFFREY, JOHN  
Address: 6237 STONEFIELD DRIVE  
City-St-Zip: MARIANNA, FL 32448

Title: V ( ) Delete  
Name: ROBERTS, JASON  
Address: PO BOX 6021  
City-St-Zip: MARIANNA, FL 32448

Title: T ( ) Delete  
Name: KENNEDY, GAYLE  
Address: 6334 STONEFIELD DRIVE  
City-St-Zip: MARIANNA, FL 32448

Title: MD ( ) Delete  
Name: GOODMAN, TIM  
Address: 6373 STONEFIELD DR  
City-St-Zip: MARIANNA, FL 32448

Title: D ( ) Delete  
Name: PETTIJOHN, PAUL  
Address: 1514 BUCKSKIN RD  
City-St-Zip: MARIANNA, FL 32448

Title: S ( ) Delete  
Name: GLEASON, STEPHANIE  
Address: 6383 STONEFIELD DR  
City-St-Zip: MARIANNA, FL 32448

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KENNEDY, RICHARD  
Address: 62334 STONEFIELD DRIVE  
City-St-Zip: MARIANNA, FL 32448

Title: V (X) Change ( ) Addition  
Name: MCCAFFREY, JOHN  
Address: 6237 STONEFIELD DRIVE  
City-St-Zip: MARIANNA, FL 32448

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MD (X) Change ( ) Addition  
Name: ROBERTS, JASON  
Address: P.O.BOX 6021  
City-St-Zip: MARIANNA, FL 32447

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAYLE KENNEDY

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date