

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90185 004 ****61.25

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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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3614531**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **DOMINALTO, ROBERT**
STREET ADDRESS **3123 SALEM CHURCH ROAD**
CITY-ST-ZIP **SNEADS FL 32460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **KENNEDY, RICHARD**
STREET ADDRESS **6282 STONE FIELD DR**
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **O'STEEN, JASON**
STREET ADDRESS **2552 CAPITAL CIRCLE NE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **COCHRANE, DEE**
STREET ADDRESS **6368 STONE FIELD DR**
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BD** ☐ Delete
NAME **ALFONSO, DAVID**
STREET ADDRESS **6363 QUARTERHOUSE LANE**
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BMD** ☐ Delete
NAME **BISHOP, CRAIG**
STREET ADDRESS **6347 CYPRESS RD.**
CITY-ST-ZIP **GRAND RIDGE FL 30442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4/21/03 850-593-1242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)