
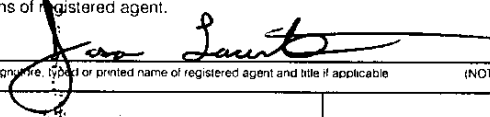
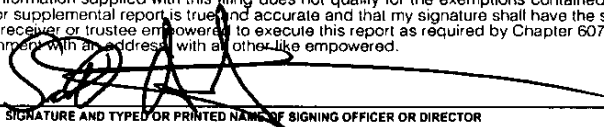


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90029 017 ***150.00

DOCUMENT # F05000006895					
1. Entity Name STONEGATE MORTGAGE ASSOCIATES, INC.					
Principal Place of Business 385 WEST STREET WEST BRIDGEWATER, MA 02379		Mailing Address 385 WEST STREET WEST BRIDGEWATER, MA 02379			
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 20-2885236	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LACERTE, JASON 1028 APPIAN PLACE WESLEY CHAPEL, FL 33543			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 				DATE 2-06-2006	
NOTE: Registered Agent signature required when reinstating					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QUANN, THOMAS	NAME			
STREET ADDRESS	385 WEST STREET	STREET ADDRESS			
CITY-ST-ZIP	WEST BRIDGEWATER, MA 02379	CITY-ST-ZIP			
TITLE	VCVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MULHOLLAND, RYAN	NAME			
STREET ADDRESS	173 QUEEN CITY AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER, NH 03103	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	Vice President / Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFMANN, SCOTT	NAME	Scott Hofmann		
STREET ADDRESS	385 WEST STREET	STREET ADDRESS	385 West Street		
CITY-ST-ZIP	WEST BRIDGEWATER, MA 02379	CITY-ST-ZIP	West Bridgewater, MA 02379		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.					
SIGNATURE: 				Date 2/6/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 508-586-7700	



02062006 Chg-P CR2E034 (11/05)