

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:05

DOCUMENT # **N28471** (3)

1. Corporation Name
THE COMMUNITY ASSOCIATION FOR STONEGATE, COLLIER COUNTY, INC.

Principal Place of Business Mailing Address
1044 CASTELLO DRIVE SUITE 206 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/22/1988** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-2909807** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**SOUTHWEST PROPERTY MGMT.
1044 CASTELLO DR.O
SUITE 206
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	-PD-	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-STELER, RON	1.2 NAME	Chernoch, Walter
STREET ADDRESS	-7342-STONEGATE-DR.	1.3 STREET ADDRESS	6625 Wellington Drive
CITY- ST- ZIP	-NAPLES-FL	1.4 CITY- ST- ZIP	Naples, FL 33942
TITLE	VD	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-BEAUMONT, GRAY	2.2 NAME	Berkinshaw, D. Bruce
STREET ADDRESS	-4584-MERCANTILE-AVE.	2.3 STREET ADDRESS	6649 Wellington Drive
CITY- ST- ZIP	-NAPLES-FL	2.4 CITY- ST- ZIP	Naples, FL 33942
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENK, ROBERT	3.2 NAME	
STREET ADDRESS	4551 GULF SHORE BLVD. N. #1503	3.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	3.4 CITY- ST- ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERHEYDEN, KAREN	4.2 NAME	
STREET ADDRESS	6073 WELLINGTON DR.	4.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	4.4 CITY- ST- ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCCHIPINTI, ANDREW	5.2 NAME	
STREET ADDRESS	0728 WELLINGTON DR.	5.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 incorporator or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address.

SIGNATURE: *Andrew Occhipinti* **1-31-95** 813-261-3440
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date Day/Mo/Yr