

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N28471 (3)**

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



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

Mailing Address  
**1044 CASTELLO DRIVE  
SUITE 206  
NAPLES FL 33940**

3. Date Incorporated or Qualified  
**09/22/1988**

3a. Date of Last Report  
**02/06/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2909807		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

**9. Name and Address of Current Registered Agent**

**SOUTHWEST PROPERTY MGMT.  
1044 CASTELLO DR.Q  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>GHERNOCH, WALTER</del>	1.2 NAME	John Chesney
STREET ADDRESS	<del>6625 WELLINGTON DRIVE</del>	1.3 STREET ADDRESS	7311 Stonegate Drive
CITY-ST-ZIP	<del>NAPLES FL</del>	1.4 CITY-ST-ZIP	Naples, Florida
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKINSHAW, D BRUCE	2.2 NAME	
STREET ADDRESS	6649 WELLINGTON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	<del>VD</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>WENK, ROBERT</del>	3.2 NAME	Dale Krout
STREET ADDRESS	<del>4551 GULF SHORE BLVD. N. #1503</del>	3.3 STREET ADDRESS	7356 Stonegate Drive
CITY-ST-ZIP	<del>NAPLES FL</del>	3.4 CITY-ST-ZIP	Naples, Florida
TITLE	<del>SD</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>VANDERHEYDEN, KAREN</del>	4.2 NAME	Joan Matter
STREET ADDRESS	<del>6673 WELLINGTON DR.</del>	4.3 STREET ADDRESS	6702 Wellington Drive
CITY-ST-ZIP	<del>NAPLES FL</del>	4.4 CITY-ST-ZIP	Naples, Florida
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCCHIPINTI, ANDREW	5.2 NAME	
STREET ADDRESS	6726 WELLINGTON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 receiver 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 if changed, or on an attachment with an address.

SIGNATURE: Walter Ghernoch 3/26/96 649-5558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)