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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N28471

6649 WELLINGTON DRIVE

7356 STONEGATE DR

6702 WELLINGTON DR

OCCHIPINTI, ANDREW

6726 WELLINGTON DR.

NAPLES FL

NAPLES FL

NAPLES FL

NAPLES FL

KROUT, DALE

MATTER, JOAN

1. Corporation Name

THE COMMUNITY ASSOCIATION FOR STONEGATE, COLLIER COUNTY, INC.

| 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103 US 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103 US | Principal Place of Business | Mailing Address |
|--|------------------------------|------------------------------|
| | SUITE 206 NAPLES FL 34103 | SUITE 206 NAPLES FL 34103 |



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| 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103 US 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103 US US | | | | | | | | | | | | | |
|--|---|--------------|---------------------------|-------------|---|----------------|-------------------------|----------------------------------|----|---------------|------------------------|-------|--|
| 2. Principal P | ace of Business | 2a. | 2a. Mailing Address | | | | | 3. Date Incorporated or Qualifed | | | | | |
| 21 | | 26 | | | | | \perp | 09/22/1988 | | | | _ | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | 4. | 4. FEI Number Applied F | | | | | | |
| 22 | | 27 | | | | | | 59-2909807 | | | Not Applicabl | e | |
| City & Stat | 9 | 28 | City & State | | | | 5. | Certificate of Status Desired | | - | Additional Required | | |
| Zip | Country | | Zip | Count | Country | | | Election Campaign Financing | | | 0 May Be | ł | |
| 24 | 25 | 29 | 30 |) | | | | Trust Fund Contribution | | | Added to Fees | | |
| | 9. Name and Address of Curren | t Regis | stered Agent | Ε | 10. Name and Address of New Registered Agent | | | | | | | | |
| office or registered agent, or both, in the State of Florida, Such change was author | | | | the abo | 82 Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Drive 83 84 City Above-named corporation submits this statement for the purpose of changing its registered ed by the corporation's board of directors. I hereby accept the appointment as registered | | | | | | | | |
| _ | m familiar with, and accept the obliga- | 10115 01 | , 360001 011.0000, 110101 | a Otalai | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | it and title | if applicable. (NOTE: Re | egistered A | gent | signature requ | red when I | | TE | | | | |
| 12. | OFFICERS AND DIRECTORS | | | 13. | | | | ADDITIONS/CHANGES TO OFFICE | | | | | |
| TITLE | TÐ− · | | ☐ DELETÉ | 1.1 TITL | E | ١, | V/D | | ; | Change Change | e 🗌 Addit | JON ! | |
| NAME | CAMPBELL, DARRELL | | | 1.2 NAME | | | | | | | | | |
| STREET ADDRESS | 6618 STONEGATE DRIVE | | | 1.3 STR | 1.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | NAPLES FL 34109 | | | 1.4 CITY | /-ST | -ZIP | | | | | | _ | |
| TITLE | VPD | | ⚠ DELETE | 2.1 TITL | Æ | | r/D | | | Change | e 🙀 Addit | 101 | |
| NAME | BERKINSHAW, D. BRUCE | | | 2.2 NAW | Æ | | | leman, Barry | | | | | |
| STREET ANNUESS | 6649 WELLINGTON DRIVE | | | 2.3 STR | EET | ADDRESS . | 7383 | Stonegate Drive | į | | | i | |

3.3 STREET ADDRESS

4.3 STREET ADDRESS

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6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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CITY-ST-ZIP 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 annual report or supplemental annual report is five 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 with all other than the proposed of the corporation of the corporation or the receiver or trustee empowered.

6.4 CITY-ST-Z

SIGNATURE:

STREET ADDRESS

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