


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90239 002 ****61.25

DOCUMENT # N28471

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



Principal Place of Business
1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

Mailing Address
1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

03192004



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03192004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
SOUTHWEST PROPERTY MGMT.
1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103

4. FEI Number
59-2909807 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASSON, WAYNE <input checked="" type="checkbox"/> Delete 7335 STONE GATE DR NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <i>Deborah</i> GREENBERG, DEBBIE 6676 STONEGATE DRIVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete CONNELL, DWIGHT 6637 STONEGATE DR. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete SADEZ, EMILIO 6632 STONEGATE DR NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete KROUNT, DALE 7356 STONEGATE DR. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDREW BATE 7371 STONEGATE DR. NAPLES, FL. 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORNELL, DWIGHT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MATTER, JOAN 6702 STONEGATE DR. NAPLES, FL. 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAY, LEAH 7299 STONEGATE DR. NAPLES, FL. 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Deborah Greenberg* 3-30-04 234-261-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR