

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2006  
Secretary of State**

DOCUMENT# N28471

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

**Current Principal Place of Business:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 59-2909807      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOUTHWEST PROPERTY MGMT.  
1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: GREENBERG, DEBBIE  
Address: 6676 STONEGATE DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: PD      ( ) Delete  
Name: CONRELL, DWIGHT  
Address: 6637 STONEGAGTE DR.  
City-St-Zip: NAPLES, FL 34109

Title: SD      ( ) Delete  
Name: MATTER, JOAN  
Address: 6702 STONEGATE DR.  
City-St-Zip: NAPLES, FL 34109

Title: VD      ( ) Delete  
Name: BERKINSHAW, BRUCE  
Address: 6649 STONEGATE DR.  
City-St-Zip: NAPLES, FL 34109

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Change (X) Addition  
Name: MATTER, JOAN  
Address: 6702 STONEGATE DRIVE  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWIGHT CORNELL

P

04/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date