

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2007
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: VP () Delete
Name: MATTER, JOAN
Address: 6702 STONEGATE DRIVE
City-St-Zip: NAPLES, FL 34109

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: 2VP (X) Change () Addition
Name: STETLER, JOAN
Address: 7342 STONEGATE DR
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: STEPHEN E WILLIAMS

A

01/12/2007

Electronic Signature of Signing Officer or Director

Date