

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90070 014 ****61.25



DOCUMENT # N96000006045

1. Entity Name

STONEGATE OWNERS ASSOCIATION, INC.

Principal Place of Business

4400 NW 36TH AVENUE
 GAINESVILLE FL 32606
 US

Mailing Address

4400 NW 36TH AVENUE
 GAINESVILLE FL 32606
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3423665

Applied For

Not Applicable

1st MOORE

CR2E037 (10/06)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPPE, PAT
 4400 NW 36TH AVE
 GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	Delete
VPT	LINDSTAD, AAGE	13700 NW 91 BLVD.	ALACHUA FL 32615	<input checked="" type="checkbox"/>
P	NOFFSINGER, KATHY	13271 NW 93 LANE	ALACHUA FL 32615	<input checked="" type="checkbox"/>
D	BAGBY, DARRELL	PO BOX 15267	GAINESVILLE FL 32604	<input checked="" type="checkbox"/>
D	NOFFSINGER, KATHY	13271 NW 93RD. LANE	ALACHUA FL 32615	<input checked="" type="checkbox"/>
D	FOSTER, RICHARD	13276 NW 93 LANE	ALACHUA FL 32615	<input checked="" type="checkbox"/>
D	SHINDLE, BARBARA	13427 NW 93 LANE	ALACHUA FL 32615	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
P	Patch, Shawn	10005 NW 136 Drive	ALACHUA, FL 32615	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	DANIELS, WAYNE	15701 NW 120 PLACE	ALACHUA, FL 32615	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	FOUST, VERGIL	13065 NW 93 LANE	ALACHUA, FL 32615	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BLANKENSHIP, DAVID	13351 NW 93 LANE	ALACHUA, FL 32615	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	SHINDLE, BARBARA	13427 NW 93 LANE	ALACHUA, FL 32615	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Shawn Patch 2-21-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #