


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 27, 2008 8:00 am**  
**Secretary of State**

08-27-2008 90010 044 \*\*\*\*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 #  
**Cornerstone Property Solutions**  
 Suite, Apt. #, etc.  
**600 NW 43rd Street # 3**  
 City & State  
**Gainesville, FL**  
 Zip  
**32607** Country

3. Mailing Address  
**Cornerstone Property Solutions**  
 Suite, Apt. #, etc.  
**500 NW 43rd St. Suite 3**  
 City & State  
**Gainesville, FL**  
 Zip  
**32607** Country  
**USA**

07172008 Chg-NP CR2E037 (12/06)

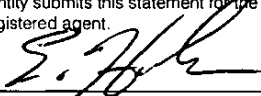
4. FEI Number  
**59-3423665** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**TRIPPE, PAT**  
**4400 NW 36TH AVE**  
**GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent  
 Name  
**Cornerstone Property Solutions of North Central FL, LLC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 NW 43rd St. Suite 3**  
 City  
**Gainesville** FL Zip Code  
**32607**

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  **Eugene Haufler** DATE **8-26-08**

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 September 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patch, Shawn	
STREET ADDRESS	10005 NW 136th Dr	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniels, Wayne	
STREET ADDRESS	15701 NW 120th Place	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foust, Vergil	
STREET ADDRESS	13065 NW 93rd Lane	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Everett, Randy	
STREET ADDRESS	9944 NW 136th Drive	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shindle Barbara	
STREET ADDRESS	13427 NW 93 Lane	
CITY-ST-ZIP	Alachua FL 32615	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: **8-26-08** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR