


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91270 023 ****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
Suite, Apt. #, etc.
City & State
Zip

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

Country



CHECK HERE IF MAKING CHANGES

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HODOR, HOWARD	
STREET ADDRESS	2700-D N.W. 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	SHAW, JAMES W	
STREET ADDRESS	2700-D N.W. 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLDEN, CHARLES I JR.	
STREET ADDRESS	2700-C N.W. 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sullivan, Mike	
STREET ADDRESS	13888 NW 91st Pl	
CITY-ST-ZIP	Atachua, FL 32615	
TITLE	FD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lindstad, Aage	
STREET ADDRESS	13700 NW 91st Blvd	
CITY-ST-ZIP	Atachua, FL 32615	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Knutes, Jacqueline	
STREET ADDRESS	13739 NW 91st Pl	
CITY-ST-ZIP	Atachua, FL 32615	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tossinger, Kathy	
STREET ADDRESS	13271 NW 93rd Lane	
CITY-ST-ZIP	Atachua, FL 32615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *[Signature]* **03-13-03 352-332-7079**

CR2E037 (10/02)