

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28471

FILED
Apr 19, 2024
Secretary of State
8790498003CC

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

Current Principal Place of Business:

C/O SEACREST SOUTHWEST
1044 CASTELLO DR STE 206
NAPLES, FL 34103

Current Mailing Address:

C/O SEACREST SOUTHWEST
1044 CASTELLO DR STE 206
NAPLES, FL 34103 US

FEI Number: 59-2909807

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEACREST SOUTHWEST
1044 CASTELLO DR STE 206
NAPLES, FL 34103 US

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: BRYAN FOWLER

04/19/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name AGOSTINELLI, STEVEN
Address C/O SEACREST SOUTHWEST
 1044 CASTELLO DR STE 206
City-State-Zip: NAPLES FL 34103

Title VP
Name SADEZ, EMILIO
Address C/O SEACREST SOUTHWEST
 1044 CASTELLO DR STE 206
City-State-Zip: NAPLES FL 34103

Title SECRETARY
Name SUTHERLAND, ELAINE
Address C/O SEACREST SOUTHWEST
 1044 CASTELLO DR STE 206
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name ROSENBLUM, ROBERT
Address C/O SEACREST SOUTHWEST
 1044 CASTELLO DR STE 206
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name WILKINSON, DAVID
Address C/O SEACREST SOUTHWEST
 1044 CASTELLO DR STE 206
City-State-Zip: NAPLES FL 34103

I hereby 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 all other like empowered.

SIGNATURE: STEVEN AGOSTINELLI

PRESIDENT

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date