

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28471

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC5409304512**

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

**Current Principal Place of Business:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103

**Current Mailing Address:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103 US

**FEI Number: 59-2909807**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOUTHWEST PROPERTY MGMT.  
1044 CASTELLO DRIVE  
SUITE 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name KROUT, GERI  
Address 7356 STONEGATE DRIVE  
City-State-Zip: NAPLES FL 34109

Title S  
Name ERSTE, LOU  
Address 6625 STONEGATE DRIVE  
City-State-Zip: NAPLES FL 34109

Title P  
Name OCCHIPINTI, ANDREW  
Address 6726 STONEGATE DRIVE  
City-State-Zip: NAPLES FL 34109

Title VP  
Name PADDOCK, PETER  
Address 7335 STONEGATE DRIVE  
City-State-Zip: NAPLES FL 34109

Title D  
Name GHEE, JOHN  
Address 7330 STONEGATE DRIVE  
City-State-Zip: NAPLES FL 34109

*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: ANDREW OCCHIPINTI**

**P**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date