

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006045

**FILED  
Apr 18, 2014  
Secretary of State  
CC9763828471**

**Entity Name:** STONEGATE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11820 TURKEY CREEK BLVD.  
ALACHUA, FL 32615

**Current Mailing Address:**

P.O. BOX 310  
ALACHUA, FL 32616-0310 US

**FEI Number: 59-3423665**

**Certificate of Status Desired: No**

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

ASSOCIATION MANAGEMENT SOLUTIONS, LLC  
11820 TURKEY CREEK BLVD.  
ALACHUA, FL 32615 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	P	Title	SECRETARY, TREASURER
Name	KNOWLES, JACQUI	Name	NOFFSINGER, WILLIAM B
Address	13739 NW 91ST PLACE	Address	13271 NW 93RD LANE
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615

Title VP  
 Name SHINDLE, RANDY  
 Address 13427 NW 93RD LANE  
 City-State-Zip: ALACHUA FL 32615

*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: JACQUI KNOWLES**

**PRESIDENT**

**04/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date