

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006045

**FILED**  
**Apr 19, 2018**  
**Secretary of State**  
**CC0277344911**

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

**Current Principal Place of Business:**

11820 TURKEY CREEK BLVD  
ALACHUA, FL 32615

**Current Mailing Address:**

PO BOX 310  
ALACHUA, FL 32616 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:** SARAH BEAVERS

04/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	SECRETARY, TREASURER
Name	KNOWLES, JACQUI	Name	SEVERANCE, ROBERT
Address	13739 NW 91ST PLACE	Address	9571 NW 136TH DRIVE
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615
Title	PRESIDENT	Title	DIRECTOR
Name	EVERETT, RANDY	Name	PERKINS, ALONZO
Address	9944 NW 136TH DRIVE	Address	9747 NW 136TH DR
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615
Title	DIRECTOR		
Name	ANDREWS, MATT		
Address	13356 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:** RANDY EVERETT

**PRESIDENT**

04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date