

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006045

**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

04/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KNOWLES, JACQUI  
Address        13739 NW 91ST PLACE  
City-State-Zip: ALACHUA FL 32615

Title            VP  
Name            SEVERANCE, ROBERT  
Address        9571 NW 136TH DRIVE  
City-State-Zip: ALACHUA FL 32615

Title            DIRECTOR  
Name            EVERETT, RANDY  
Address        9944 NW 136TH DRIVE  
City-State-Zip: ALACHUA FL 32615

Title            DIRECTOR  
Name            ANDREWS, MATT  
Address        13356 NW 93RD LANE  
City-State-Zip: ALACHUA FL 32615

Title            SECRETARY, TREASURER  
Name            CHEWNING, RYAN  
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

04/11/2019

Electronic Signature of Signing Officer/Director Detail

Date