

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

DOCUMENT# N96000006045

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC7420932320**

**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	VP
Name	KNOWLES, JACQUI	Name	SHINDLE, RANDY
Address	13739 NW 91ST PLACE	Address	13427 NW 93RD LANE
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615
Title	SECRETARY, TREASURER	Title	DIRECTOR
Name	HALL, LARRY	Name	EVERETT, RANDY
Address	10005 NW 136TH DRIVE	Address	9944 NW 136TH DRIVE
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615
Title	DIRECTOR		
Name	YEARBY, JUAN		
Address	13385 NW 91ST PLACE		
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**

**04/05/2016**

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

\_\_\_\_\_  
Date