

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001850

FILED
Apr 14, 2009
Secretary of State

Entity Name: STONEGATE VILLAS TOWNHOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

STONEGATE VILLAS TOWNHOME ASSOCIATION
732 E. MACK BAYOU DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

C/P GINGER BARRY
732 E MACK BAYOU DR. #2
SANTA ROSA BEACH, FL 32459

New Mailing Address:

C/O GINGER BARRY
732 E MACK BAYOU DR. #2
SANTA ROSA BEACH, FL 32459

FEI Number: 20-1589030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRY, GINGER L
200 GRAND BOULEVARD
SUITE 205A
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: BARRY, GINGER L
Address: 732 EAST MACK BAYOU DRIVE, #2
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP/T () Delete
Name: TAYLOR, DOUG
Address: 732 EAST MACK BAYOU DRIVE, #9
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S () Delete
Name: GALVIN, DAN
Address: 732 EAST MACK BAYOU DRIVE, #3
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: PHELPS, MARCELLA
Address: 732 EAST MACK BAYOU DRIVE, #4
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: EISENLAU, GEORGE W
Address: 96 STINGRAY STREET
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/S (X) Change () Addition
Name: TAYLOR, DOUG
Address: 732 EAST MACK BAYOU DRIVE, #9
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Change () Addition
Name: GALVIN, DAN
Address: 118 WEST MAIN STREET
City-St-Zip: GEORGETOWN, KY 40324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GINGER L. BARRY

P/T

04/14/2009

Electronic Signature of Signing Officer or Director

Date