

2007**CORPORATION
ANNUAL REPORT****FILED****Feb 09, 2007 08:00 AM
Secretary of State****DOCUMENT #N08000002169****1. Entity Name
STONEGATE HOMEOWNER'S ASSOCIATION, INC.****Principal Place of Business
STONEGATE SUBDIVISION
ST. AUGUSTINE, FL 32086****Mailing Address
4255 US 1 SOUTH B26
STE 18
SAINT AUGUSTINE, FL 32086****DO NOT WRITE IN THIS SPACE**

02062007 No Chg-P CR2E034 (11/05)

**4. FEI Number
59-3756106**Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BROWN, RONALD W
68 CUNA STREET
SUITE A
ST. AUGUSTINE, FL 32084****DO NOT WRITE
IN THIS SPACE****8. 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. I am familiar with, and accept the obligations of registered agent.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00****9. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00 May Be
Added to Fees**U000000628688
02/16/07-80027-007 150.00**10. OFFICERS AND DIRECTORS****TITLE D
NAME GILBERT, JENNIFER
STREET ADDRESS 1013 DEER CHASE DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32086****TITLE D
NAME SIMS, BILL
STREET ADDRESS 212 SARANAC LANE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086****TITLE D
NAME GOSSELIN, PIERRE J
STREET ADDRESS 1085 DEER CHASE DR.
CITY-ST-ZIP ST. AUGUSTINE, FL 32086****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****DO NOT WRITE
IN THIS SPACE****12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Gilbert
JENNIFER GILBERT - DIRECTOR

2/6/07

Date

9047942295

Daytime Phone #