

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 8:00 am
Secretary of State

04-14-2008 90072 029 ****61.25

DOCUMENT # N08000002169 1. Entity Name STONEGATE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business STONEGATE SUBDIVISION ST. AUGUSTINE, FL 32086		Mailing Address STONEGATE SUBDIVISION ST. AUGUSTINE, FL 32086 4255 US 1 South B26 ST. Aug FL 32086			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03232008 Chg-NP CR2E037 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3756106	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROWN, RONALD W 66 CUNA STREET, SUITE A ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILBERT, JENNIFER 1013 DEER CHASE DRIVE ST. AUGUSTINE, FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Balk, Cornelius Jr 209 Saranac Lane St. Augustine FL 32086	☐ Change ☒ Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMS, BILL 212 SARANAC LANE ST. AUGUSTINE, FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Masters, Bernard M 1088 Deer Chase Drive St. Augustine FL 32086	☐ Change ☒ Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOSSELIN, PIERRE J 1085 DEER CHASE DR ST. AUGUSTINE, FL 32086	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Thigpen, Cheryl A 116 Tahoe Lane St. Augustine FL 32086	☐ Change ☒ Addition <i>Treasurer</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Allison, Joseph 985 Deer Chase Dr St. Aug FL 32086	☐ Change ☒ Addition <i>President</i>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	
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 617, 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: Cheryl A. Thigpen <i>Cheryl A Thigpen</i>			3/25/08 (904) 797-5136		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Treasurer</i>					

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