2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N08000002169

Entity Name: STONEGATE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4255 US 1 SOUTH B26
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

4255 US 1 SOUTH B26
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3758106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSONS, MARK E
1201 ARAPAHO AVE STE B
SAINT AUGUSTINE, FL 32084 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: D ( ) Delete
Name: BALK, CORNELIUS JR
Address: 209 SARANAC LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: MASTERS, BERNARD M
Address: 1088 DEER CHASE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T ( ) Delete
Name: THIGPEN, CHERYL A
Address: 116 TAHOE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P ( ) Delete
Name: ALLISON, JOSEPH
Address: 985 DEER CHASE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: MASTERS, HELEN L
Address: 1088 DEER CHASE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

Title: S ( ) Change (X) Addition
Name: JACKSON, LORETTA
Address: 1001 DEER CHASE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

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: HELEN L. MASTERS T 01/13/2009

Electronic Signature of Signing Officer or Director — Date