2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FEI Number Applied For ()

DOCUMENT# N28472

1044 CASTELLO DR #206

Current Mailing Address:

1044 CASTELLO DR #206

SOUTHWEST PROPERTY MGMT

SIGNATURE: PATRICIA GOUDY

VANDERHEYDEN, TERRY

2007 DEERFIELD CIRCLE

() Delete

() Delete

NAPLES, FL 34109

1916 MACHESTER CIR

7126 MILL RUN CIRCLE

NAPLES, FL 34109

NAPLES, FL 34109

SADEZ, EMILIO

RACKE, JOE

SIGNATURE: JOHN GARBO

NAPLES, FL 34103

NAPLES, FL 34103

FEI Number: 59-2909803

1044 CASTELLO DR

in the State of Florida.

NAPLES, FL 34103 US

SUITE 206

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Current Principal Place of Business:

Name and Address of Current Registered Agent:

FILED Mar 06, 2007 Secretary of State

Certificate of Status Desired ()

03/06/2007

Entity Name: THE COMMUNITY ASSOCIATION FOR STONEGATE AND MILL RUN, COLLIER COUNTY, INC.

New Principal Place of Business:

US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT SOLUTIONS, LLC

VANDERHEYDEN, TERRY

2007 DEERFIELD CIRCLE

6723 STONEGATE DRIVE

7126 MILL RUN CIRCLE

(X) Change () Addition

(X) Change () Addition

NAPLES, FL 34109

DAWSON, DAVID

NAPLES, FL 34109

NAPLES, FL 34109

RACKE, JOE

Ρ

668 CYPRESS WAY EAST

NAPLES, FL 34110

PO BOX 112830

FEI Number Not Applicable ()

NAPLES, FL 34108

New Mailing Address:

668 CYPRESS WAY EAST

NAPLES, FL 34110

Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GARBO, JOHN Name: Name: 1908 FAIRFAX CIR Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: Title: () Delete (X) Change () Addition SLACK, MARK Name: SLACK, MARK Name: Address: 6917 MILL RUN CIRCLE Address: 6917 MILL RUN CIRCLE City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change () Addition

Name:

Title:

Name:

Title:

I hereby certify that the information supplied with this filing does not qualify for the 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

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

Date

03/06/2007