

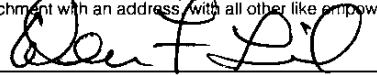


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90039 031 ****61.25

DOCUMENT # N28472 1. Entity Name THE COMMUNITY ASSOCIATION FOR STONEGATE AND MILL RUN, COLLIER COUNTY, INC.					
Principal Place of Business 668 CYPRESS WAY EAST NAPLES, FL 34110 US			Mailing Address PO BOX 112830 NAPLES, FL 34108 US		
2. Principal Place of Business - No P.O. Box # C/O ABILITY MANAGEMENT Suite, Apt. #, etc. 6312 TRAIL BLVD		3. Mailing Address C/O ABILITY MANAGEMENT Suite, Apt. #, etc. P.O. BOX 770278			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 59-2909803	
Zip 34108		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROPERTY MANAGEMENT SOLUTIONS, LLC 668 CYPRESS WAY EAST NAPLES, FL 34110				7. Name and Address of New Registered Agent Name DENNIS F. LUELY Street Address (P.O. Box Number is Not Acceptable) ABILITY MANAGEMENT, INC. 6312 TRAIL BLVD. City NAPLES FL Zip Code 34108	
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete P GARBO, JOHN 1908 FAIRFAX CIR NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete T SLACK, MARK 6917 MILL RUN CIRCLE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete B VANDERHEYDEN, TERRY 2007 DEERFIELD CIRCLE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D DAWSON, DAVID 6723 STONEGATE DRIVE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL HACKLEMAN 6761 MILL RUN CIR NAPLES, FL 34109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete S RACKE, JOE 7126 MILL RUN CIRCLE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN AYCOCK 1908 MANCHESTER CIR NAPLES, FL 34109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DENNIS LUELY		04/08/08 239-591-4200 Date Daytime Phone #	