2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# N28472

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

Current Principal Place of Business:

C/O ABILITY MANAGEMENT.
6736 LONE OAK BLVD
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O ABILITY MANAGEMENT.
6736 LONE OAK BLVD
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2909803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109 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: VP
Name: RACKE, JOSEPH
Address: 7126 MILL RUN CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: P
Name: VANDERHEYDEN, TERRY
Address: 2007 DEERFIELD CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D
Name: HAMILTON, SUSAN
Address: 7230 MILL RUN CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: S
Name: BERKINSHAW, BRUCE
Address: 6649 STONEGATE DRIVE
City-St-Zip: NAPLES, FL 34109

Title: T
Name: HACKLEMAN, MICHAEL
Address: 6761 MILL RUN CIR
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: DENNIS F LIVELY MGR 04/05/2010
Electronic Signature of Signing Officer or Director Date