

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28472

FILED
Mar 31, 2011
Secretary of State

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

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

Title: VP
Name: RACKE, JOE
Address: 7126 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: D
Name: AYCOCK, JOHN
Address: 1908 MANCHESTER CIRCLE
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

RA

03/31/2011

Electronic Signature of Signing Officer or Director

Date