SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 032 ****61.25

0006113

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37073

1. Corporation Name

STONEGATE HOA, INC.

Principal Place of Business	Mailing Address
2477 STONEGATE DRIVE WELLINGTON FL 33414	2477 STONEGATE DRIVE WELLINGTON FL 33414

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/14/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0192955 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional - Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WESTFALL, ROBERT
2477 STONEGATE DRIVE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name: WESTFAL, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): 2477 STONEGATE DRIVE
83
84 City: WELLINGTON FL 85 Zip Code: 33414

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Robt Westfal ROBERT WESTFAL, TREASURER 07-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MALLEK, STEVE		1.2 NAME	LOUIS FRUSTACI	
STREET ADDRESS	2365 STONEGATE DRIVE		1.3 STREET ADDRESS	2357 STONEGATE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VD	☒ DELETE	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	ROSENFELD, ROBERT		2.2 NAME	HENRY STASIEWICZ	
STREET ADDRESS	2484 STONEGATE DRIVE		2.3 STREET ADDRESS	2349 STONEGATE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414		2.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	TD	☐ DELETE	3.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	WESTFAL, ROBERT		3.2 NAME	← SAME	
STREET ADDRESS	2477 STONEGATE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	GRAND, FRED		4.2 NAME	STEVE MALLEK	
STREET ADDRESS	2268 STONEGATE DRIVE		4.3 STREET ADDRESS	2365 STONEGATE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414		4.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	☐ DELETE	5.1 TITLE	V.P.	☐ Change ☐ Addition
NAME	MELLION, STEVE		5.2 NAME	← SAME	
STREET ADDRESS	2517 STONEGATE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robt Westfal ROBERT WESTFAL TREASURER 07-12-99 (561) 373-0774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #