## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N37073

Address:

City-St-Zip:

WEST PALM BEACH, FL 33414

Entity Name: STONEGATE HOA, INC.

Apr 27, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2477 STONEGATE DRIVE WELLINGTON, FL 33414 **Current Mailing Address: New Mailing Address:** 2477 STONEGATE DRIVE WELLINGTON, FL 33414 FEI Number: 65-0192955 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WESTFAL, ROBERT 2477 STONEGATE DRIVE US WELLINGTON, FL 33414 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete UNGER, ELLEN Name: Name: Address: 2490 SANDSTONE COURT Address: City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: COLLINS, JULLIAN Name: Address: 2276 STONEGATE DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip: Title: () Delete Title: () Change () Addition WESTFAL, ROBERT Name: Name: 2477 STONEGATE DRIVE Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: VPD Title: () Change () Addition ( ) Delete Name: PERRY, JOHN Name: 2340 STONEGATE DRIVE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip: VPD Title: () Delete Title: () Change () Addition PARIS, TONY Name: Name: 2470 STONEGATE DRIVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT WESTFAL TD 04/27/2004