

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90032 012 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                                                     |                                                              |                                                                                                                                                                         |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N37073</b><br>1. Entity Name<br><b>STONEGATE HOA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                                                                     |                                                              |                                                                                        |                                                                                                                                                                  |
| Principal Place of Business<br><b>2477 STONEGATE DRIVE<br/>WELLINGTON, FL 33414</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                     |                                                              | Mailing Address<br><b>2477 STONEGATE DRIVE<br/>WELLINGTON, FL 33414</b>                                                                                                 |                                                                                                                                                                  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                       |                                                              |                                                                                       |                                                                                                                                                                  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         | City & State                                                                                                        |                                                              | 4. FEI Number<br><b>65-0192955</b>                                                                                                                                      |                                                                                                                                                                  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | Country                                                                                                             |                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |                                                                                                                                                                  |
| 6. Name and Address of Current Registered Agent<br><br><b>WESTFAL, ROBERT<br/>2477 STONEGATE DRIVE<br/>WELLINGTON, FL 33414</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                                                     |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |                                                                                                                                                                  |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                                                                                                                     |                                                              |                                                                                                                                                                         |                                                                                                                                                                  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                              | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                            |                                                                                                                                                                  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                                                                         |                                                                                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>UNGER, ELLEN<br>2490 SANDSTONE COURT<br>WEST PALM BEACH, FL 33414 | <input type="checkbox"/> Delete                                                                                     |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SD<br>PARIS, PATRICIA<br>2470 STONEGATE DR<br>WELLINGTON, FL 33414      | <input type="checkbox"/> Delete                                                                                     |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TD<br>WESTFAL, ROBERT<br>2477 STONEGATE DRIVE<br>WELLINGTON, FL 33414   | <input type="checkbox"/> Delete                                                                                     |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VPD<br>PERRY, JOHN<br>2340 STONEGATE DRIVE<br>WEST PALM BEACH, FL 33414 | <input checked="" type="checkbox"/> Delete                                                                          |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>VPD<br/>SHENKER, CHERYL<br/>2401 STONEGATE DRIVE<br/>WELLINGTON, FL 33414</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VPD<br>PETRINO, RAYMOND<br>2332 STONEGATE DR<br>WELLINGTON, FL 33414    | <input type="checkbox"/> Delete                                                                                     |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VPD<br>FRUSTACI, LUIS<br>2357 STONEGATE DR<br>WELLINGTON, FL 33414      | <input type="checkbox"/> Delete                                                                                     |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                         |                                                                                                                     |                                                              |                                                                                                                                                                         |                                                                                                                                                                  |
| <b>SIGNATURE: <u>Rolt West</u> TREASURER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                                                                                                     |                                                              | Date <u>01-06-06</u> Daytime Phone # <u>(561) 373-0774</u>                                                                                                              |                                                                                                                                                                  |