2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

FILED Jul 23, 2003 8:00 am Secretary of State

| DOCUMENT # N37073 | | | | | | 07-09-2003 90035 006 ****61.25 | | | | |
|--|---|--------------------------------------|----------------------------|---|--|--|---|--------------|----------|--|
| STONEGATE HOA, INC. | , | | | | | | | | | |
| Principal Place of Business 2477 STONEGATE DRIVE | | Mailing Address 2477 STONEGATE DRIVE | | | 55051943 | | | | | |
| WELLINGTON FL 33414 | WELL | LINGTON FL 33414 | | | | | | | | |
| 2. Principal Place of Business | 3. M | lailing Address | | | | ्र स्थानसम्बद्धाः सुद्रे सन्तर्भावः स्थ स्थानसम्बद्धाः स्थानसम्बद्धाः स्थानसम्बद्धाः स्थ | # #################################### | 7 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | _ | | | | | |
| City & State | | City & State | | | CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0192955 Applied For | | | | _ | |
| | | | | | | | N | ot Applicabl | | |
| Zip C | ountry | Zip Cou | | 5. Certificate of Status Desired S8.75 Addition Fee Required | | | | } | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | |
| Constitution of the property of the contract o | | | | - Name - | | | | | | |
| WESTFAL, ROBERT 2477 STONEGATE DRIVE | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| WELLINGTON FL 33414 | | | | | | | | | 7 | |
| | | | City . FL Zip Code | | | | | le | _ | |
| A. The above named entity subm | | rpose of changing its r | egistered office | or registere | ed agent, or both. | in the State of Florida. I a | m familier with, | and accept | 7 | |
| the obligations of registered a | gen. | | | | | | | | | |
| GIGNATURE Rolt Wer | 11 2.11 | ERT WEST | CAL TO | 2 % A C. I | n #3 D | 47 | 7-07 | | | |
| Signature, typed or printe | name of registered agent and title if a | pplicable, (NOTE: | Registered Agent sign | vature required | when reinstating) | DATE | 7-03 | | | |
| | | | _ | | - | | | | \dashv | |
| FILE NOW: FEE IS \$61.25 9. Election Car After September 10, 2003, mln will be \$236.25 | | | paign Financing | - 40100 Mg to 1 111212 211011 12 | | | | | | |
| Arter September 10, 2003 | 5, mm wiii be \$230.25 | 1103010100 | managada. | _ | Audeo to Fees | rionda nepa | artment of t | otate • | 1 | |
| | OFFICERS AND DIRECTOR | s | 11. | Α | DDITIONS/CHAN | GES TO OFFICERS AND | DIRECTORS IN | 10 | ٦. | |
| NAME PD FRUSTACI, LOU | ıç | Delete | TITLE | | DENT | | Change | Addition | ١٤ | |
| STREET ADDRESS 2357 STONEGA | | | NAME STREET ADDRESS | | EN UNG | | - 7 | | 12 | |
| CITY-ST-ZIP WELLINGTON FI | | | CITY-ST-ZIP | | | TONE COURT FL 33414 | - D | | 120 | |
| TITLE S | | Delete | MLE | Sect | ETARY | | Change | Addition | ٦è | |
| NAME STASIEWICZ, HE STREET ADDRESS 2349 STONEGA | | | NAME | | LIAN_C | | . ` | | | |
| STREET ADDRESS 2349 STONEGATION FI | | | STREET ADORESS CITY-ST-ZIP | | <u>i ngtoneg</u> Ington | ATG DRIVE | — <i>D</i> | | 1 | |
| TITLE TU | | ☐ Delete | TITLE | 7 | SUREL | FL 33414 | Change | Addition | 1 | |
| WESTFAL ROBE | | | NAME | * | SAM | n E | | | | |
| STREET ADDRESS 2477 STONEGA | | | STREET ADDRESS CITY-ST-ZIP | - | | | - | | | |
| TITLE _ V | | ≥ Oelete | TITLE | Vica | PRESID | DUT. | ⊡ Change | Addition | - | |
| NAME POSNER, MICHA | VEL | ,ET-USIEIC | NAME | | HH PERI | | | ☐ vocinoii | | |
| STREET ADDRESS 2372 STONEGAT | TE DRIVE | | STREET ADDRESS | | | TE BRIVE |] | \ | ĺ | |
| CITY-ST-ZIP WELLINGTON FI | L 33414 | | CITY-ST-ZIP | WELL | ING TON, | FL 33414 | | <i></i> | | |
| NAME MELLION, STEVE | | ∑ Delete | TITLE | | E Presio | | Change | ☐ Addition |] | |
| STREET ADDRESS 2517 STONEGAT | | | NAME CTOSET ADDRESS | | Y PAR | | - <i>)</i> | | | |
| CITY-ST-ZIP WELLINGTON FI | | | STREET ADDRESS CITY-ST-ZIP | - 1 | | ATE <u>Dr</u> ive | ٠ ہـــا | | { | |

12. 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 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 817, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition