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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000002264

1. Corporation Name

STONEGATE AT WINDSOR HOMEOWNERS' ASSOCIATION, IN
C.

Principal Place of Business

6305 WESTWOOD BLVD
SUITE 200
ORLANDO FL 32821

Mailing Address

6305 WESTWOOD BLVD
SUITE 200
ORLANDO FL 32821



2. Principal Place of Business

21 2901 W State Road 434

2a. Mailing Address

26 2901 W State Road 434

3. Date Incorporated or Qualified

04/25/1996

22 Suite, Apt. #, etc.
Suite #141

27 Suite, Apt. #, etc.
Suite #141

4. FEI Number
-APPLIED FOR 59-3528238

Applied For
Not Applicable

23 City & State
Longwood, FL

28 City & State
Longwood, FL

5. Certificate of Status Desired \$8.75 Additional
Fee Required

24 Zip Country
32779 Seminole

29 Zip Country
32779 Seminole

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

SINGER, GIORA Y
6305 WESTWOOD BLVD
SUITE 200
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2901 W State Road 434

83 Suite #141

84 City Longwood, FL 85 Zip Code 32779

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.

Gary Singer, President

02/19/99

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD DELETE
NAME SINGER, GIORA Y
STREET ADDRESS 6305 WESTWOOD BLVD, SUITE 200
CITY-ST-ZIP ORLANDO FL 32821

TITLE VD DELETE
NAME ZLOTOFF, PAUL
STREET ADDRESS 6305 WESTWOOD BLVD., SUITE 200
CITY-ST-ZIP ORLANDO FL 32821

TITLE D DELETE
NAME STOLLMAN, BERNARD
STREET ADDRESS 6305 WESTWOOD BLVD, SUITE 200
CITY-ST-ZIP ORLANDO FL 32821

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 2901 W State Rd 434, Suite 141
1.4 CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 2901 W State Rd 434, Suite 141
2.4 CITY-ST-ZIP Longwood, FL 32779

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 2901 W State Rd 434, Suite 141
3.4 CITY-ST-ZIP Longwood, FL 32779

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: SIGNATURE Gary Singer, President 02/19/99 (407) 772-0264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)