

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90046 015 ****61.25

DOCUMENT # N96000002264

1. Entity Name
**STONEGATE AT WINDSOR HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**12 E. MONUMENT
KISSIMMEE, FL 34741 US**

Mailing Address
**12 E. MONUMENT
KISSIMMEE, FL 34741 US**

01062004 Chg-NP CR2E037 (10/03)



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3528238

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOYD, DOLLIE
C/O D & F MANAGEMENT LLC
12 EAST MONUMENT
KISSIMMEE, FL 34741**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **RUIZ, ADALBERTO**
STREET ADDRESS **2272 BLUE SAPPHIRE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DD** ☐ Delete
NAME **REX, MARK**
STREET ADDRESS **2446 SAPIER COURT**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **WRIGHT, JODI**
STREET ADDRESS **2256 BLUE SAPPHIRE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **GREENE, PETER**
STREET ADDRESS **2433 SAPIER CT.**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **RADICE, EUGENE**
STREET ADDRESS **2273 BLUE SAPPHIRE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WOODS, MICHAELA**
STREET ADDRESS **2281 BLUE SAPPHIRE CIR.**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JANUARY 12, 2004