

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90103 016 ****61.25

DOCUMENT # N96000002264 1. Entity Name STONEGATE AT WINDSOR HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 12 E. MONUMENT 3883 W. Vine St KISSIMMEE, FL 34741				Mailing Address 12 E. MONUMENT 3883 W. Vine Street, Suite 307 KISSIMMEE, FL 34741	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3528238	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYD, DOLLIE C/O D & F MANAGEMENT LLC 12 EAST MONUMENT KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3883 W. Vine Street Suite 307 City Kissimmee FL Zip Code 34741	
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: <u><i>Dollie Boyd</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD REX, MARK 2446 SAPIER COURT ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, JODI 2256 BLUE SAPPHIRE CIRCLE ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENE, PETER 2433 SAPIER CT. ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODS, MICHAELA 2281 BLUE SAPPHIRE CIR. ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		President Rodriguez, Maria 2200 Blue Sapphire Court Orlando, FL 32837			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Secretary Gureshi, Muhammad 2224 Blue Sapphire Court Orlando, FL 32837			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Treasurer Davis Hendricks 2314 Blue Sapphire Circle Orlando, FL 32837			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Blank]			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Blank]			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Blank]			
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: <u><i>[Signature]</i></u> DATE: <u>3/10/05</u> Daytime Phone # _____					