

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000006045**

1. Entity Name

STONEGATE OWNERS ASSOCIATION, INC.



Principal Place of Business

4400 NW 36TH AVENUE  
GAINESVILLE FL 32606  
US

Mailing Address

4400 NW 36TH AVENUE  
GAINESVILLE FL 32606  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3423665

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRIPPE, PAT  
4400 NW 36TH AVE  
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE VPT ☐ Delete  
NAME LINDSTAD, AAGE  
STREET ADDRESS 13700 NW 91 BLVD.  
CITY-ST-ZIP ALACHUA FL 32615

TITLE P ☐ Delete  
NAME NOFFSINGER, KATHY  
STREET ADDRESS 13271 NW 93 LANE  
CITY-ST-ZIP ALACHUA FL 32615

TITLE D ☐ Delete  
NAME BAGBY, DARRELL  
STREET ADDRESS PO BOX 15267  
CITY-ST-ZIP GAINESVILLE FL 32604

TITLE D ☐ Delete  
NAME NOFFSINGER, KATHY  
STREET ADDRESS 13271 NW 93RD. LANE  
CITY-ST-ZIP ALACHUA FL 32615

TITLE D ☐ Delete  
NAME FOSTER, RICHARD  
STREET ADDRESS 13276 NW 93 LANE  
CITY-ST-ZIP ALACHUA FL 32615

TITLE D ☐ Delete  
NAME SHINDLE, BARBARA  
STREET ADDRESS 13427 NW 93 LANE  
CITY-ST-ZIP ALACHUA FL 32615

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE

*[Signature]*

04/26/05 331-518