

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90070 014 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2007

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	<input checked="" type="checkbox"/> Delete
NAME	LINDSTAD, AAGE	
STREET ADDRESS	13700 NW 91 BLVD.	
CITY ST ZIP	ALACHUA FL 32615	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NOFFSINGER, KATHY	
STREET ADDRESS	13271 NW 93 LANE	
CITY ST ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAGBY, DARRELL	
STREET ADDRESS	PO BOX 15267	
CITY ST ZIP	GAINESVILLE FL 32604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOFFSINGER, KATHY	
STREET ADDRESS	13271 NW 93RD. LANE	
CITY ST ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, RICHARD	
STREET ADDRESS	13276 NW 93 LANE	
CITY ST ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patch, Shawn	
STREET ADDRESS	10005 NW 136 Drive	
CITY ST ZIP	ALACHUA, FL 32615	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, WAYNE	
STREET ADDRESS	15701 NW 120 PLACE	
CITY ST ZIP	ALACHUA, FL 32615	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOUST, VERGIL	
STREET ADDRESS	13065 NW 93 LANE	
CITY ST ZIP	ALACHUA, FL 32615	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANKENSHIP, DAVID	
STREET ADDRESS	13351 NW 93 LANE	
CITY ST ZIP	ALACHUA, FL 32615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINDLE, BARBARA	
STREET ADDRESS	13427 NW 93 LANE	
CITY ST ZIP	ALACHUA, FL 32615	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shawn Patch 2-21-07