
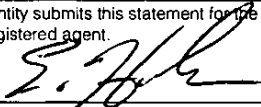
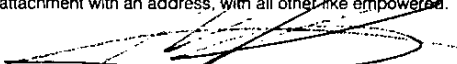


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2008 8:00 am**  
**Secretary of State**

08-27-2008 90010 044 \*\*\*\*61.25

<b>DOCUMENT # N96000006045</b> 1. Entity Name <b>STONEGATE OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>4400 NW 36TH AVENUE GAINESVILLE, FL 32606 US</b>		Mailing Address <b>4400 NW 36TH AVENUE GAINESVILLE, FL 32606 US</b>	
2. Principal Place of Business - No P.O. Box # <b>Cornerstone Property Solutions</b> Suite, Apt. #, etc. <b>600 NW 43rd Street #3</b> City & State <b>Gainesville, FL</b> Zip <b>32607</b>		3. Mailing Address <b>Cornerstone Property Solutions</b> Suite, Apt. #, etc. <b>500 NW 43rd St. Suite 3</b> City & State <b>Gainesville, FL</b> Zip <b>32607</b>	
4. FEI Number <b>59-3423665</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TRIPPE, PAT 4400 NW 36TH AVE GAINESVILLE, FL 32606</b>		7. Name and Address of New Registered Agent Name <b>Cornerstone Property Solutions of North Central FL, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 NW 43rd St. Suite 3</b> City <b>Gainesville</b>	
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  <b>Eugene Haufler</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is <b>\$61.25</b> Due by <b>September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LINDSTAD, AAGE 13700 NW 91 BLVD. ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Patch, Shawn 10005 NW 136th Dr Alachua, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOFFSINGER, KATHY 13271 NW 93 LANE ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Daniels, Wayne 15701 NW 120th Place Alachua, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGBY, DARRELL PO BOX 15267 GAINESVILLE, FL 32604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Faust, Vergil 13065 NW 93rd Lane Alachua, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOFFSINGER, KATHY 13271 NW 93RD. LANE ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Everett, Randy 9944 NW 136th Drive Alachua, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, RICHARD 13276 NW 93 LANE ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shindle Barbara 13427 NW 93 Lane Alachua FL 32615
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Date <b>8-20-08</b>	