2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006045

City-St-Zip: ALACHUA, FL 32615

Entity Name: STONEGATE OWNERS ASSOCIATION, INC.

FILED Jul 15, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
CORNERSTONE PROPERTY SOLUTIONS 500 NW 43RD STREET #3 GAINESVILLE, FL 32607 US		ASSOCIATION MANAGEMENT SOLUTIONS 11820 TURKEY CREEK BOULEVARD ALACHUA, FL 32615 US
Current Mailing Address:		New Mailing Address:
CORNERSTONE PROPERTY SOLUTIONS 500 NW 43RD STREET #3 GAINESVILLE, FL 32607 US		ASSOCIATION MANAGEMENT SOLUTIONS 148 TURKEY CREEK ALACHUA, FL 32615 US
FEI Number: 59-3423665 FEI Number Applied For () FEI Number N In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the price		mber Not Applicable() Certificate of Status Desired() the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
CORNERSTONE PROPERTY SOLUTIONS 500 NW 43RD ST., SUITE 3 GAINESVILLE, FL 32607 US		ASSOCIATION MANAGEMENT SOLUTIONS 11820 TURKEY CREEK BOULEVARD ALACHUA, FL 32615 US
The above in the State		of changing its registered office or registered agent, or both,
SIGNATURE: SARAH BEAVERS		07/15/2009
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete PATCH, SHAWN 10005 NW 136TH DR ALACHUA, FL 32615	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete DANIELS, WAYNE 15701 NW 120TH PLACE ALACHUA, FL 32615	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete FOUST, VERGIL 13065 NW 93RD LANE ALACHUA, FL 32615	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete EVERETT, RANDY 9944 NW 136TH DRIVE ALACHUA, FL 32615	Title: VP (X) Change () Addition Name: EVERETT, RANDY Address: 9944 NW 136TH DRIVE City-St-Zip: ALACHUA, FL 32615
Title: Name: Address:	VP (X) Delete SHINDLE, BARBARA 13427 NW 93 LANE	Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SARAH BEAVERS CAM 07/15/2009