

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006045

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: STONEGATE OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

ASSOCIATION MANAGEMENT SOLUTIONS  
11820 TURKEY CREEK BOULEVARD  
ALACHUA, FL 32615 US

## New Principal Place of Business:

11820 TURKEY CREEK BLVD.  
ALACHUA, FL 32615 US

## Current Mailing Address:

ASSOCIATION MANAGEMENT SOLUTIONS  
148 TURKEY CREEK  
ALACHUA, FL 32615 US

## New Mailing Address:

148 TURKEY CREEK BLVD.  
ALACHUA, FL 32615 US

FEI Number: 59-3423665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT SOLUTIONS  
11820 TURKEY CREEK BOULEVARD  
ALACHUA, FL 32615 US

## Name and Address of New Registered Agent:

ASSOCIATION MANAGEMENT SOLUTIONS, LLC  
11820 TURKEY CREEK BOULEVARD  
ALACHUA, FL 32615 US

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.

SIGNATURE: SARAH L. BEAVERS

01/06/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: EVERETT, RANDY  
Address: 9944 NW 136TH DRIVE  
City-St-Zip: ALACHUA, FL 32615 US

Title: VP  
Name: ZULUAGO, CARLOS  
Address: 10040 NW 136TH DRIVE  
City-St-Zip: ALACHUA, FL 32615 US

Title: ST  
Name: KNOWLES, JACQUI  
Address: 13739 NW 91ST PLACE  
City-St-Zip: ALACHUA, FL 32615 US

Title: D  
Name: DANIELS, WAYNE  
Address: 10111 NW 136TH DRIVE  
City-St-Zip: ALACHUA, FL 32615 US

Title: D  
Name: NOFFSINGER, WILLIAM B  
Address: 13271 NW 93RD LANE  
City-St-Zip: ALACHUA, FL 32615 US

I hereby 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 all other like empowered.

SIGNATURE: SARAH L. BEAVERS

CAM

01/06/2010

Electronic Signature of Signing Officer or Director

Date