

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005731

**Entity Name:** STONEGATE AT AYERSWORTH COMMUNITY ASSOCIATION, INC.

**FILED**  
**Apr 11, 2016**  
**Secretary of State**  
**CC7801121080**

**Current Principal Place of Business:**

4600 WEST CYPRESS ST., STE 200  
TAMPA, FL 33607

**Current Mailing Address:**

4600 WEST CYPRESS ST., STE 200  
TAMPA, FL 33607

**FEI Number: 47-1176505**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LEFERE, BRADY  
Address 4600 WEST CYPRESS ST., STE 200  
City-State-Zip: TAMPA FL 33607

Title VPD  
Name GAINER, BEN  
Address 4600 WEST CYPRESS ST., STE 200  
City-State-Zip: TAMPA FL 33607

Title STD  
Name HUMAN, DALE  
Address 4600 WEST CYPRESS ST., STE 200  
City-State-Zip: TAMPA FL 33607

*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: BRADY LEFERE**

**PRESIDENT**

**04/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date