

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005731

FILED
Apr 24, 2015
Secretary of State
CC6535791717

Entity Name: STONEGATE AT AYERSWORTH COMMUNITY ASSOCIATION, INC.

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

04/24/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date