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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750208 (1)
1. Corporation Name
STILL WATERS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
% RALPH CLINARD
4300 STILLWATERS DR
MERRITT ISLAND FL 32952-6320
% RALPH CLINARD
4300 STILLWATERS DR
MERRITT ISLAND FL 32952-6320

3. Date Incorporated or Qualified 12/14/1979
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country
4. FEI Number 59-2183856
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELLANA, PATTY T.
4370 STILLWATERS DRIVE
MERRITT ISLAND FL 32952

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Patty T. Mellana
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/97

12. OFFICERS AND DIRECTORS
TITLE D SHAW, BARBARA
NAME 4390 STILLWATER DRIVE
STREET ADDRESS MERRITT ISLAND FL
CITY-ST-ZIP
TITLE PD MELLANA, PATTY T.
NAME 4370 STILLWATER DRIVE
STREET ADDRESS MERRITT ISLAND FL
CITY-ST-ZIP
TITLE TD CLINARD, RALPH
NAME 4300 STILLWATERS DR.
STREET ADDRESS MERRITT ISLD FL
CITY-ST-ZIP
TITLE D WALKER, JACK
NAME 4400 STILLWATERS DR
STREET ADDRESS MERRITT ISLAND FL
CITY-ST-ZIP
TITLE SD MALTA, NANCY
NAME 4340 STILLWATERS DRIVE
STREET ADDRESS MERRITT ISLAND FL
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph L Clinard Ralph L Clinard Treas/Dip (407-452 2349)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020081

CR2E037 (9/96)