

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90022 029 \*\*\*\*61.25

**DOCUMENT # 750208**

1. Entity Name

**STILL WATERS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

% RALPH CLINARD  
 4300 STILLWATERS DR  
 MERRITT ISLAND FL 32952-3320

Mailing Address

% RALPH CLINARD  
 4300 STILLWATERS DR  
 MERRITT ISLAND FL 32952-3320

2. Principal Place of Business

*Jill Dooley*  
 Suite, Apt. #, etc.  
 4325 Still Waters Dr  
 City & State  
 Merritt Is, FL  
 Zip  
 32952  
 Country  
 USA

3. Mailing Address

*Carolyn Storey*  
 Suite, Apt. #, etc.  
 4370 Still Waters Dr  
 City & State  
 Merritt Is, FL  
 Zip  
 32952  
 Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2183856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**EDINGER, JILL**  
**4325 STILLWATERS DR**  
**MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

*Jill Dooley* *Jill Dooley Pres*

*4/12/01*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOOLEY, EDINGER J 4325 STILLWATERS DR MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPAKE, GREG 4305 STILLWATERS DR MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLINARD, RALPH 4300 STILLWATERS DR. MERRITT ISLD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBER, SHERI 4330 STILLWATERS DR MERRITT ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOUTS, DOUG 4395 STILLWATER DR MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Storey, Carolyn 4370 Still Waters Dr. Merritt Island, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Shaw, Larry 4390 Still Waters Dr Merritt Island, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jill Dooley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dooley Pres 4/12/01 435-7516*

Date

Daytime Phone #

CR2E037 (10/00)