


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000002775	
1. Entity Name STILLWATER UNIT THREE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 5100 W. LEMON ST. STE 312 TAMPA, FL 33609 US	Mailing Address C/O SUNVAST MANAGEMENT 381 INTERSTATE BLVD. SARASOTA, FL 34240 US
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2. Principal Place of Business - No P.O. Box # 1601 Forum Place	3. Mailing Address Same
Suite, Apt. #, etc. Suite 805	Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State
Zip 33701	Country Palm Beach

FILED
08 SEP 30 PM 2:12
TALLAHASSEE, FLORIDA



09152008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8586929	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHLOSSER, RICHARD A ESQ. 500 E KENNEDY BLVD, SUITE 200 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Michael Clarke Street Address (P.O. Box Number is Not Acceptable) 1601 Forum Place, Suite 805 City West Palm Beach FL Zip Code 33401
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Clarke* **9/17/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARPAY, BARRY I <input checked="" type="checkbox"/> Delete 5100 W. LEMON ST., STE 312 TAMPA, FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T James P Harvey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Second Ave N, Suite 670 St Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MESSINA, FRANK <input checked="" type="checkbox"/> Delete 5100 W. LEMON ST., #312 TAMPA, FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S William L Bullock <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Second Ave N, Suite 670 St Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUDRLIK, DEBORA L <input checked="" type="checkbox"/> Delete 5100 W. LEMON ST., #312 TAMPA, FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sam Abolgar <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Second Ave N, Suite 670 St Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500136518285 10/01/08--01019--015 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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 title empowered.

SIGNATURE: *James P. Harvey* **JAMES P. HARVEY** **9/16/08** **727-456-1244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #