FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N11918

STILLWATER OF FLYING CLOUD HOMEOWNERS' ASSOCIATI ON, INC.

Principal Place of Business

Mailing Address

FILED May 09 1997 8:00am Secretary of State



2180 WEST STATE ROAD 434 SUITE \$000 LONGWOOD FL 32779			2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD FL 32778-5044							,
						3. Date Incorporated or Qualified 11/06/1985	3a. Da	te of Last F)5/01/19 (Report 96	
2. Principal F	Place of Busine	es\$	28. Mailing Address			4. FEI Number	k	A	pplied For	ĺ
21			26			59-2667041		N:	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Žip		Country	Zip Cou		untry	8. This corporation has liability for intangible tax			s. 199.032,	ı
24		25	29	30		Florida Statutes Yes V No				
	9. Name i	and Address of Curren	l Registered Agent		10. Name and Address of New Registered Agent					
		_			81 Name					ı
	AMES W., JF				82 Street Address (P.O. Box Number is Not Acceptable)					
	MANAGEME									
2180 WEST STATE ROAD 434, SUITE 5000			00		83					ĺ
LONGW	OOD FL 327	79			84 City		——————————————————————————————————————	85 Zip	Code	ĺ
11 Purcuant	to the province	one of Sections 617 050	2 and 617 1500 Florida Otatut	na Aba a	<u> </u>		<u> </u>			
office or	registered age	int, or both, in the State	of Florida, Such change was a	es, the a authorize	ibove-named ad by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of pt the appo	changing it sintment as	ts registered registered	ĺ
	am familiar witl	n, and accept the obliga	ations of, Section 617.0503, Flo	orida Sta	tutes.	•			3	
SIGNATURE	Signature typed c	one hardeness of societasts and	nt and little if anolinable (NOT)	Danielara	d facility and the	required when reinstating)				ĺ
Signature, typed or printed name of registered agent. 12. OFFICERS AND					o Ageni a gnaiure	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	28 IN 12	100
TITLE	PD		☐ DELETE	1.1.1	ITLE	D		Change	Addition	Ž
NAME	ROBINSO	N. PETER		12 N		SMITH, RODNEY	'	L.J. Citarigo	-3 1103111011	15
STREET ADDRESS		ETON PLACE		1.3 S	TREET ADDRESS	531 APPLETON PL				3
CITY-ST-ZIP	OVIEDO F				ITY-ST-ZIP	OVIEDO FL				2
TITLE	SD.		DELETE	2.1 T		D		Change	Addition	C
NAME	FOX, PHIL			2.2 N	IAME	VANNIER,AL			`	ı
STREET ADDRESS	522 LAGO	OON DRIVE		235	TREET ADDRESS	701 LAGOON DR				ı
CITY-ST-ZIP	OVIEDO F	<u>L</u>		2.40	CITY-ST-ZIP	OVIEDO FL				
TITLE	• •			3.1 T	ITLE	Ď		☐ Change	Addition	l
NAME	# : = : : : : : = = = = = = = = = = = =			3.2 N	AME	SANCHEZ,BOB				
STREET ADDRESS				3.3 S	TREET ADDRESS	595 CARRIGAN AVE				
CITY-ST-ZIP	OVIEDO F	L		3.4 (CITY-ST-ZIP	OVIEDO FL				
TITLE	VD	* * * *	☐ DELETE	4.1 T	IILE			☐ Change	Addition	l
NAME	BHIKHA,			4.21	NAME					
STREET ADDRESS		RTH WHISPER BAY			TREET ADDRESS					
CITY-ST-ZIP	OVIEDO F	<u>L</u>	TT NEUTE		ITY-ST-ZIP					
TITLE	[☐ DELETE	5.1 T				☐ Change	Addition	ĺ
NAME OTOSSE ADDRESSO				5.2 N						ı
STREET ADDRESS					TREET ADDRESS					
CITY-ST-ZIP	 		DELETE		ITY-ST-ZIP					
TITLE NAME			L] DELETE	6.1 T			1	Change	Addition	
				6.2 N	1					
STREET ADDRESS					TREET ADDRESS					
CITY-ST-ZIP				6.4 C	ITY-S1-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 coport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of free comparation or this receiver or flustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on a pattachment with an address.