

FILE NOW: FILING FEE IS \$61.25

NC/NPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90130 027 ****61.25

DOCUMENT # N11918(2) OK

1. Corporation Name
STILLWATER OF FLYING CLOUD HOMEOWNERS ASSOCIATION INC

Principal Place of Business
**2180 W SR 434 STE 5000
LONGWOOD FL 32779**

Mailing Address
**2180 W SR 434 STE 5000
LONGWOOD FL 32779**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11-6-85	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2667041	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		30		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81 Name	
HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD FL 32779				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	THOMPSON, COLLEEN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3072 HAZELTON			
OVIEDO FL 32765			
VD	ADAMS, JIM	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
953 LAGOON DR			
OVIEDO FL 32765			
SD	SMITH, RODNEY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
531 APPLETON			
OVIEDO FL 32765			
TD	UNGERMAN, JOYCE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2977 ERSKINE DR			
OVIEDO FL 32765			
D	ROBINSON, PETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
614 APPLETON			
OVIEDO FL 32765			
D	BHIKHA, SAM	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2936 N WHISPER BAY CT			
OVIEDO FL 32765			

14. 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 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, with all other like empowered.

SIGNATURE: *Colleen Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99 407.366 0421
Date Daytime Phone #

CR2E037 (11/98)