FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:54

DOCUMENT # N34647 (0)

1. Corporation Name
STILLBROOK HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
215 STILLBROOK TRAIL P.O. BOX 4315 ENTERPRISE FL 32725	215 STILLBROOK TRAIL P.O. BOX 4315 ENTERPRISE FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2981572 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: P. O. Box 4322
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28: Enterprise, FL
Zip 24 / Country 25	Zip 29: 32725 / Country 30: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
MERTZ, KEN 215 STILLBROOK TRAIL P.O. BOX 4315 ENTERPRISE FL 32725	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MERTZ, KEN	12 NAME	Dennis Edinger	
STREET ADDRESS	215 STILLBROOK TRAIL	13 STREET ADDRESS	305 Stillbrook Trail	
CITY-ST-ZIP	ENTERPRISE FL	14 CITY-ST-ZIP	Enterprise, FL 32725	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	WILLEMSEN, DOTTY	22 NAME	Keith Willemsen	
STREET ADDRESS	220 STILLBROOK TRAIL	23 STREET ADDRESS	220 Stillbrook Trail	
CITY-ST-ZIP	ENTERPRISE FL	24 CITY-ST-ZIP	Enterprise, FL 32725	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	SAXON, HEARD	32 NAME		
STREET ADDRESS	165 STILLBROOK TRAIL	33 STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MCKAY, HARRY	42 NAME		
STREET ADDRESS	197 STILLBROOK TRAIL	43 STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Heard Saxon 3/30/95 (407) 321-9963
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #