

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34647 (0)
1. Corporation Name
STILLBROOK HOME OWNERS ASSOCIATION, INC.



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

Mailing Address
**PO BOX 4322
ENTERPRISE FL 32725
US**

3. Date Incorporated or Qualified
10/10/1989

3a. Date of Last Report
04/05/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2981572		Applied For Not Applicable	
21		26		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
City & State		City & State					
23		28					
Zip		Country					
24		25					
City		Country					
29		30					

9. Name and Address of Current Registered Agent

**MERTZ, KEN
215 STILLBROOK TRAIL
P.O. BOX 4315
ENTERPRISE FL 32725**

10. Name and Address of New Registered Agent

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 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

Signatures, 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	PD ☐ DELETE	1.1 TITLE	VD ☒ Change ☐ Addition
NAME	EDINGER, DENNIS	1.2 NAME	
STREET ADDRESS	305 STILLBROOK TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE FL	1.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	2.1 TITLE	PD ☐ Change ☒ Addition
NAME	WILLESEN, KEITH	2.2 NAME	William Poindexter
STREET ADDRESS	220 STILLBROOK TRAIL	2.3 STREET ADDRESS	1475 Shadowbrook Trail
CITY-ST-ZIP	ENTERPRISE FL	2.4 CITY-ST-ZIP	Enterprise, FL 32725
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SAXON, HEARD	3.2 NAME	
STREET ADDRESS	165 STILLBROOK TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE FL	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	MCKAY, HARRY	4.2 NAME	Gilbert Trentel
STREET ADDRESS	187 STILLBROOK TRAIL	4.3 STREET ADDRESS	1407 Shadowbrook Trail
CITY-ST-ZIP	ENTERPRISE FL	4.4 CITY-ST-ZIP	Enterprise, FL 32725
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Heard Saxon, Treasurer

2/16/96

Date

(407) 321-9963

Daytime Phone #

CR2E037 (12/95)