

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34647

1. Entity Name

STILLBROOK HOME OWNERS ASSOCIATION, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90023 047 ****61.25

Principal Place of Business

215 STILLBROOK TRAIL
P.O. BOX 4315
ENTERPRISE FL 32725

Mailing Address

PO BOX 4322
ENTERPRISE FL 32725
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2981572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
EDINGER, DENNIS
305 STILLBROOK TRAIL
ENTERPRISE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
POINDEXTER, WILLIAM
1475 SHADOWBROOK TRAIL
ENTERPRISE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SAXON, HEARD
165 STILLBROOK TRAIL
ENTERPRISE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MERTZ, KEN
215 STILLBROOK TRAIL
ENTERPRISE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOB VOGEL
1407 SHADOWBROOK TR.
ENTERPRISE, FL 32725 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01
Date

407-718-1500
Daytime Phone #

CR2E037 (10/00)