2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90065 001 ****61.25

DOCUMENT# N34647

1. EntityName
STILLBROOKHOMEOWNERSASSOCIATION,INC.

PrincipalPlaceofBusiness	MailingAddress
1475 SAADOWBROOK TR ENTERPRISE, FL 32725	PO BOX 4322 ENTERPRISE, FL 32725 US

2. PrincipalPlaceofBusiness		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

01102004 Chg-NP CR2E037 (10/03)

4. FEINumber 59-2981572 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
POINDEXTER,WILLIAM 1475SHADOWBROOKTR ENTERPRISE,FL32725	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

Make check payable to Florida Department of State

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN10	
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	VD EDINGER,DENNIS 305STILLBROOKTRAIL ENTERPRISE,FL	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PD POINDEXTER,WILLIAM 1475SHADOWBROOKTRAIL ENTERPRISE,FL	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	STD SAXON,HEARD 165STILLBROOKTRAIL ENTERPRISE,FL	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	D VOGEL,BOB 1407SHADOWBROOKTR ENTERPRISE,FL32725	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. Ihereby 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 dthatmynameappearsinBlock 10orBlock 11if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Treasurer 3/22/04 407-834-5678
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#