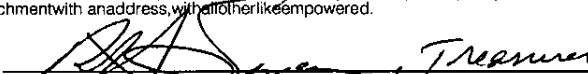


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90065 001 ****61.25

DOCUMENT# N34647 1. Entity Name STILLBROOKHOMEOWNERSASSOCIATION, INC.					
Principal Place of Business 1475 SAADOWBROOK TR 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	01102004 Chg-NP CR2E037 (10/03)	
4. FEIN 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				7. Name and Address of New Registered Agent	
POINDEXTER, WILLIAM 1475 SHADOWBROOK TR ENTERPRISE, FL 32725				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. I am familiar with, and accept the obligation of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when re-instating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	EDINGER, DENNIS			NAME	
STREET ADDRESS	305 STILLBROOK TRAIL			STREET ADDRESS	
CITY - ST - ZIP	ENTERPRISE, FL			CITY - ST - ZIP	
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	POINDEXTER, WILLIAM			NAME	
STREET ADDRESS	1475 SHADOWBROOK TRAIL			STREET ADDRESS	
CITY - ST - ZIP	ENTERPRISE, FL			CITY - ST - ZIP	
TITLE	STD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SAXON, HEARD			NAME	
STREET ADDRESS	165 STILLBROOK TRAIL			STREET ADDRESS	
CITY - ST - ZIP	ENTERPRISE, FL			CITY - ST - ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	VOGEL, BOB			NAME	
STREET ADDRESS	1407 SHADOWBROOK TR			STREET ADDRESS	
CITY - ST - ZIP	ENTERPRISE, FL 32725			CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 another like empowered.					
SIGNATURE: 				3/29/04 407-834-5678 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					