2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N34647

1. Entity Name
STILLBROOK HOME OWNERS ASSOCIATION, INC.

FILED
06 DEC 20 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1475 SHADOWBROOK ENTERPRISE, FL 32725	PO BOX 4322 ENTERPRISE, FL 32725 US

12102006 REIN-NP CR2E099 (11/05) 06

2. Principal Place of Business	3. Mailing Address
1407 SHADOWBROOK TRL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ENTERPRISE FL	City & State
Zip: 32725 Country: USA	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	7. Name and Address of New Registered Agent
POINDEXTER, WILLIAM 1475 SHADOWBROOK TR ENTERPRISE, FL 32725	Name: ROBERT C. VOGEL Street Address (P.O. Box Number is Not Acceptable): 1407 1407 SHADOWBROOK TRL City: ENTERPRISE FL Zip Code: 32725

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 obligations of registered agent.

SIGNATURE: Robert C Vogel, Agent 12-10-06
Signature, typed or printed name of registered agent and title, if any (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2007, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD EDINGER, DENNIS 305 STILLBROOK TRAIL ENTERPRISE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 00008268210 12/20/06--01049--003 **236.25
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD POINDEXTER, WILLIAM 1475 SHADOWBROOK TRAIL ENTERPRISE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD SAXON, HEARD 165 STILLBROOK TRAIL ENTERPRISE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D VOGEL, BOB 1407 SHADOWBROOK TR ENTERPRISE, FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P ROBERT VOGEL 1407 SHADOWBROOK TRL ENTERPRISE FL 32725 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	$9 12/00	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V AIDA HART 270 STILLBROOK TRL ENTERPRISE FL 32725 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	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 exemptions contained in Chapter 119, 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 a title like empowered.

SIGNATURE: Robert C Vogel, Agent 12-10-06 4073141798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #