

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90204 019 ****61.25

DOCUMENT # N34647 1. Entity Name STILLBROOK HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 1407 SHADOWBROOK TRL ENTERPRISE, FL 32725			Mailing Address PO BOX 4322 ENTERPRISE, FL 32725 US		
2. Principal Place of Business No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FCI Number 59-2981572	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VOGEL, ROBERT C 1407 SHADOWBROOK TRL ENTERPRISE, FL 32725			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers 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 obligations of registered agent.					
SIGNATURE _____ Signature (Typed name and name of registered agent and title. Last name, first name, middle initial, and address of registered agent and title.)					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY ST ZIP	VD EDINGER, DENNIS 305 STILLBROOK TRAIL ENTERPRISE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	T HART, GARY 270 STILLBROOK TRL ENTERPRISE FL 32725	
TITLE NAME STREET ADDRESS CITY ST ZIP	P VOGEL, ROBERT 1407 SHADOWBROOK TRL ENTERPRISE, FL 32725	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	S WENEROWICZ, PAT 152 STILLBROOK TRL ENTERPRISE FL 32725	
TITLE NAME STREET ADDRESS CITY ST ZIP	V HART, AIDA 270 STILLBROOK TRL ENTERPRISE, FL 32725	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	S WENEROWICZ, PAT 152 STILLBROOK TRL ENTERPRISE FL 32725	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information submitted 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; changed, or on an attachment with an address, with a other, like empowered					
SIGNATURE: <u>R. C. Vogel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-18-07 4073141798 Date Time		