2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N34647

Entity Name: STILLBROOK HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1407 SHADOWBROOK TRL
ENTERPRISE, FL 32725

New Principal Place of Business:

Current Mailing Address:

PO BOX 4322
ENTERPRISE, FL 32725 US

New Mailing Address:

FEI Number: 59-2981572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOGEL, ROBERT C
1407 SHADOWBROOK TRL
ENTERPRISE, FL 32725 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: HART, GARY
Address: 270 STILLBROOK TRL.
City-St-Zip: DELTONA, FL 32725

Title: P ( ) Delete
Name: VOGEL, ROBERT
Address: 1407 SHADOWBROOK TRL
City-St-Zip: ENTERPRISE, FL 32725

Title: S ( ) Delete
Name: WENEROWICZ, PAT
Address: 152 STILLBROOK TRL
City-St-Zip: ENTERPRISE, FL 32725

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: HELMICK, BARBARA
Address: 165 STILLBROOK TRL
City-St-Zip: ENTERPRISE, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C VOGEL P 04/18/2008

Electronic Signature of Signing Officer or Director — Date