

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34647

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** STILLBROOK HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1407 SHADOWBROOK TRL  
ENTERPRISE, FL 32725

**New Principal Place of Business:**

165 STILLBROOK TRL  
ENTERPRISE, FL 32725

**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:**

HELMICK, BARBARA J  
165 STILLBROOK TRL  
ENTERPRISE, FL 32725 US

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: BARBARA J. HELMICK

01/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: EAGLE, DIANNE  
Address: 220 STILLBROOK TRL.  
City-St-Zip: DELTONA, FL 32725

Title: P  
Name: HELMICK, BARBARA J  
Address: 165 STILLBROOK TRL  
City-St-Zip: ENTERPRISE, FL 32725

Title: S  
Name: EAGLE, DIANNE  
Address: 220 STILLBROOK TRL  
City-St-Zip: ENTERPRISE, FL 32725

Title: VP  
Name: HAMILTON, MARK  
Address: 187 STILLBROOK TRL  
City-St-Zip: ENTERPRISE, FL 32725

I hereby 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 all other like empowered.

SIGNATURE: BARBARA J. HELMICK

P

01/08/2010

Electronic Signature of Signing Officer or Director

Date