

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747888

FILED
Feb 17, 2004
Secretary of State**Entity Name:** STILLWATER LAKE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**500 N WESTHORE BLVD SUITE 1010
SUITE 700
TAMPA, FL 33609**New Principal Place of Business:**500 N WESTHORE BLVD
SUITE 700
TAMPA, FL 33609**Current Mailing Address:**500 N WESTHORE BLVD SUITE 1010
SUITE 700
TAMPA, FL 33609**New Mailing Address:**500 N WESTHORE BLVD
SUITE 700
TAMPA, FL 33609**FEI Number:** 59-1918942**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ATTAL, BRIAN
4118 CARROLLWOOD VILLAGE DR.
TAMPA, FL 33624**Name and Address of New Registered Agent:**COHEN, ROBERT
12414 STILLWATER TERRACE DRIVE
TAMPA, FL 33618

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: ROBERT COHEN

02/17/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ATTAL, BRIAN
Address: 4118 CARROLLWOOD VILLAGE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: TD () Delete
Name: COHEN, ROBERT
Address: 12414 STILLWATER TERRACE DR
City-St-Zip: TAMPA, FL 33624

Title: ASD (X) Delete
Name: MILLER, E. BRADFORD,
Address: 4112 CARROLLWOOD VIL DR
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: GOBBEL, JAY
Address: 4104 STALL ROAD
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ATTAL, BRIAN
Address: 4118 CARROLLWOOD VILLAGE DRIVE
City-St-Zip: TAMPA, FL 33618

Title: TD (X) Change () Addition
Name: COHEN, ROBERT
Address: 12414 STILLWATER TERRACE DR
City-St-Zip: TAMPA, FL 33618

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

Title: VSD (X) Change () Addition
Name: GOBBEL, JAY
Address: 4104 STALL ROAD
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 COHEN

TD

02/17/2004

Electronic Signature of Signing Officer or Director

Date