

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -4 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10302008 REIN-NP CR2E099 (1/07)

DOCUMENT # 747888

1. Entity Name  
STILLWATER LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
500 N WESTHORE BLVD  
SUITE 700  
TAMPA, FL 33609

Mailing Address  
500 N WESTHORE BLVD  
SUITE 700  
TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-1918942

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

COHEN, ROBERT  
12414 STILLWATER TERRACE DRIVE  
TAMPA, FL 33618

Name

Street Address (P.O. Box Number is 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

*Koleaf Cohen*

10/30/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
NAME ATTAL, BRIAN  
STREET ADDRESS 4118 CARROLLWOOD VILLAGE DRIVE  
CITY-ST-ZIP TAMPA, FL 33618

TITLE  Change  Addition  
NAME **100137601281**  
STREET ADDRESS **11/04/08-01009--020**  
CITY-ST-ZIP **\*\*\$61.25**

TITLE SDT  Delete  
NAME COHEN, ROBERT  
STREET ADDRESS 12414 STILLWATER TERRACE DR  
CITY-ST-ZIP TAMPA, FL 33618

TITLE  Change  Addition  
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STREET ADDRESS **11/04/08-01009--020**  
CITY-ST-ZIP **\*\*\$61.25**

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CITY-ST-ZIP **\*\*\$61.25**

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 all other like empowered.

SIGNATURE: *Koleaf Cohen, Treasurer*

10/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-50