
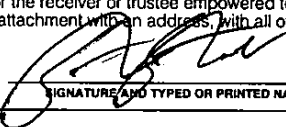


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90020 004 ****61.25

DOCUMENT # 758354 1. Entity Name STILLWATER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 350 PINELLAS BAYWAY P.O. BOX 66245 TIERRA VERDE, FL 33715 US			Mailing Address 7217 GULF BLVD., STE. 8 STE 6 ST. PETERSBURG BCH., FL 33736 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2248235	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHNOOR, FRANK 7217 GULF BLVD STE 6 ST. PETE BEACH, FL 33706				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SARLI, JOANNE		NAME		
STREET ADDRESS	1664 E CAMINO ALTO		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, MO 65804		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TEEFY, WILLIAM		NAME	DP	
STREET ADDRESS	350 PINELLAS BAYWAY UNIT #6		STREET ADDRESS	Straatsma, Steve	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	350 Pinellas Bayway, Unit 32	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ORGERA, GEORGE		NAME	DT	
STREET ADDRESS	350 PINELLAS BAYWAY UNIT #7		STREET ADDRESS	Plymate, Ronald	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	15857 S. 1525 Rd	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			STEVE STRAATSMAN		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/25/05 Daytime Phone # 727.367.5270		