## 2006 NOT-FOR-PROFIT CORPORATION

## Apr 28, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #758354** 04-28-2006 90204 036 \*\*\*\*61.25 STILLWATER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address - ~ יייטעווו 350 PINELLAS BAYWAY 7217 GULF BLVD., STE.8 P.O.BOX 66245 TIERRA VERDE, FL 33715 US ST.PETERSBURG BCH., FL 33736 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2248235 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHNOOR, FRANK 7217 GULF BLVD STE 6 Street Address (P.O. Box Number is Not Acceptable) ST. PETE BEACH, FL 33706 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to $\Box$ Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F TITLE Delete ☐ Change ■ Addition NAME SARLI, JOANNE NAME STREET ADDRESS 1664 E CAMINO ALTO STREET ADDRESS CITY-ST-ZIP SPRINGFIELD, MO 65804 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STRAATSMA, STEVE NAME NAME STREET ADDRESS 350 PINELLAS BAYWAY UNIT 3 STREET ADDRESS TIERRA VERDE, FL 33715 CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change ■ Addition PLYMATE, RONALD NAME NAME STREET ADDRESS 15857 S 1525 RD STREET ADDRESS CITY-ST-ZIP STOCKTON, MO 65785 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition 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 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 attachmost with an address unit and there like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

**FILED**