

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90163 043 ****61.25

DOCUMENT # N00000001470 1. Entity Name STILLWATER HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 397 INTERSTATE BLVD SARASOTA FL 34240		Mailing Address 397 INTERSTATE BLVD SARASOTA FL 34240	
2. Principal Place of Business 569 Interstate Blvd Suite, Apt. #, etc.	3. Mailing Address 381 Interstate Blvd Suite, Apt. #, etc.	 MOORE CR2E037 (11/03)	
City & State Sarasota FL	City & State Sarasota FL		
Zip 34240	Zip 34240		
4. FEI Number 65-1036924		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRITSCH, ANDREW 2033 MAIN STREET SUITE 600 SARASOTA FL 34237		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP PD ROBERT SUIDA SUIDA, ROBERT 397 INTERSTATE BLVD SARASOTA FL 34240 ☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD MICHAEL WIDEMAN WIDMAN, MICHAEL 397 INTERSTATE BLVD SARASOTA FL 34240 ☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD CHRISTIE D. KELLER GOLES, CHRISTINE K 397 INTERSTATE BLVD SARASOTA FL 34230 ☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP S FRITSCH, ANDREW K 2033 MAIN ST STE 600 SARASOTA FL 34237 ☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	