2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90199 046 ****61.75

DOCUMENT # N00000001470

1. Entity Name
STILLWATER HOMEOWNERS ASSOCIATION, INC.

40067064

Principal Place of Business	Mailing Address
569 INTERSTATE BLVD SARASOTA, FL 34240	381 INTERSTATE ROAD SARASOTA, FL 34240

03212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
101 Arthur Anderson Blvd	
Suite, Apt. #, etc.: Suite 150	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State
Zip: 34232 Country: USA	Zip Country

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	7. Name and Address of New Registered Agent
SUNVAST MANAGEMENT & SERVICE, INC. 381 INTERSTATE BLVD. SARASOTA, FL 34240	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 SIUDA, ROBERT 397 INTERSTATE BLVD SARASOTA, FL 34240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D Mike Shannon 101 Arthur Anderson Blvd, #150 Sarasota FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WIDEMAN, MICHAEL 397 INTERSTATE BLVD SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	101 Arthur Anderson Blvd #150 Sarasota FL 34232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JANSEN, TALASHIA 569 INTERSTATE BLVD. SARASOTA, FL 34240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #