

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001470

1. Entity Name
STILLWATER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**101 ARTHUR ANDERSON BLVD
STE 150
SARASOTA, FL 34232**

Mailing Address

**381 INTERSTATE ROAD
SARASOTA, FL 34240**



04142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**CARTLAND, BRIAN
ATRIUM CAM INC.
504 NORTH INDIANA AVE.
ENGLEWOOD, FL 34223**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MEAD, JOHN
STREET ADDRESS 211 LAKE VICTORIA CT.
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE VP
NAME FARLOW, KEITH
STREET ADDRESS 302 LAKE TAHOE CT.
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE S
NAME JAROSIK, KATHLEEN
STREET ADDRESS 152 CLEAR LAKE DR.
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE T
NAME KELLOGG, TED
STREET ADDRESS 895 CLEAR LAKE DR.
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D
NAME STONE, DICK
STREET ADDRESS 161 CLEAR LAKE DR.
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000937872
05/27/08-80067-018 61.25

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IN THIS SPACE**

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

4/25/08 941-661
Date Daytime Phone #