2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N00000003803

Entity Name: STILLWATER CAY RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

9236 SPRING RUN BLVD
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

C/O RAINBOW'S END PROPERTY MGMT. INC.
PMB342 24600 S. TAMIAMI TR. #212
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3729177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAINBOW'S END PROPERTY MANAGEMENT CORP.
9236 SPRING RUN BLVD.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: THOMAS, RICHARD
Address: 23251 STILLWATER CAY LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD ( ) Delete
Name: RAE, JOHN
Address: 24401 COPPERLEAF BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD ( ) Delete
Name: JOHNSTON, DEBBIE
Address: 24371 COPPERLEAF BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD ( ) Delete
Name: BARTOLETTI, JOSEPH
Address: 24251 COPPERLEAF BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: CERBONE, LOUIS
Address: 23231 STILLWATER CAY LANE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J. MASTASCUSA RA 04/29/2007

Electronic Signature of Signing Officer or Director — Date