Sunday, January 06, 2008
9:01 PM

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Jan 25, 2008 08:00 AM
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005470

1. Entity Name
STILLWATER ON THE BAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1655 BAY HARBOR LANE SARASOTA, FL 34231	1655 BAY HARBOR LANE SARASOTA, FL 34231

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01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1045881
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAD L. GATES, P.A.
1074 N. ORANGE AVENUE
SUITE 102
SARASOTA, FL 34236

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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: _____ Date
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

U00000797270
01/29/08-80066-023 61.25

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	PDT
NAME	CONTI, ROBIN L
STREET ADDRESS	1655 BAY HARBOR LANE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VD
NAME	LAZESKI, DAVID
STREET ADDRESS	1655 BAY HARBOR LANE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	SD
NAME	DUNN, SHARI
STREET ADDRESS	1640 BAY HARBOR LANE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robin L. Conti, Presedent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #