

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90104 030 \*\*\*\*61.25

**DOCUMENT # N06000002775**

1. Entity Name  
**STILLWATER UNIT THREE HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**101 ARTHUR ANDERSEN PKWY., STE 150  
SARASOTA, FL 34232**

Mailing Address  
**387 INTERSTATE BLVD.  
SARASOTA, FL 34240**

4000000000



2. Principal Place of Business - No P.O. Box #  
**5100 W. Lemon St.**  
Suite, Apt. #, etc.  
**Suite 312**

3. Mailing Address  
**c/o SunVast Management**  
Suite, Apt. #, etc.  
**381 Interstate Blvd.**

05052008 Chg-NP CR2E037 (12/06)

City & State  
**Tampa, FL**

City & State  
**Sarasota, FL**

4. FEI Number  
**20-8586929**

Applied For  
☐ Not Applicable

Zip  
**33609**

Country  
**USA**

Zip  
**34240**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**SCHLOSSER, RICHARD A ESQ.  
500 E KENNEDY BLVD, SUITE 200  
TAMPA, FL 33602**

**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

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 September 12, 2008**

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**

TITLE **P** ☒ Delete  
NAME **LILLY, MICHAEL**  
STREET ADDRESS **101 ARTHUR ANDERSON #150**  
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **V** ☒ Delete  
NAME **SHANNON, MICHAEL**  
STREET ADDRESS **101 ARTHUR ANDERSON PKWY #150**  
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **ST** ☒ Delete  
NAME **SARVER, LARRY**  
STREET ADDRESS **101 ARTHUR ANDERSON PKWY #150**  
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P** ☐ Change ☒ Addition  
NAME **Barry I. Karpay**  
STREET ADDRESS **5100 W. Lemon St., Ste 312**  
CITY-ST-ZIP **Tampa, FL 33609**

TITLE **V** ☐ Change ☒ Addition  
NAME **Frank Messina**  
STREET ADDRESS **5100 W. Lemon St., #312**  
CITY-ST-ZIP **Tampa, FL 33609**

TITLE **ST** ☐ Change ☒ Addition  
NAME **Debora L. Hudrlik**  
STREET ADDRESS **5100 W. Lemon St., #312**  
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Debora L. Hudrlik*

4-30-08

813-288-7742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debora L. Hudrlik