

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11918

FILED  
Apr 09, 2007  
Secretary of State

**Entity Name:** STILLWATER OF FLYING CLOUD HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 59-2667041      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT  
2180 WEST STATE ROAD 434, SUITE 5000  
LONGWOOD, FL 327795044 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: PD ( ) Delete  
Name: ROBINSON, PETE  
Address: 614 APPLETON PL  
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete  
Name: BOWMAN, GREGG  
Address: 974 LAGOON DR  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete  
Name: MILLS, JOSEPH  
Address: 326 STILLWATER DR.  
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete  
Name: WERT, TINA  
Address: 811 CARRIGAN AVE  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: GALLAGHER, AUDREY  
Address: 602 APPLETON PL  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: FINSTER, SUSAN  
Address: 3058 ERSKINE DR  
City-St-Zip: OVIEDO, FL 32765

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 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: PETE ROBINSON

PD

04/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date