

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11918

FILED
Apr 16, 2008
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: FINSTER, SUSAN
Address: 3058 ERSKINE 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 (X) 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: D (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: VPD (X) Change () Addition
Name: GALLAGHER, AUDREY
Address: 602 APPLETON PL
City-St-Zip: OVIEDO, FL 32765

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: PETE ROBINSON

PD

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date