

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90180 043 \*\*\*\*61.25

**DOCUMENT # N34647**

1. Entity Name

**STILLBROOK HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1475 SAADOWBROOK TR  
ENTERPRISE FL 32725**

Mailing Address  
**PO BOX 4322  
ENTERPRISE FL 32725  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2981572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**POINDEXTER, WILLIAM  
1475 SHADOWBROOK TR  
ENTERPRISE FL 32725**

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>EDINGER, DENNIS</b>	
STREET ADDRESS	<b>305 STILLBROOK TRAIL</b>	
CITY-ST-ZIP	<b>ENTERPRISE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>POINDEXTER, WILLIAM</b>	
STREET ADDRESS	<b>1475 SHADOWBROOK TRAIL</b>	
CITY-ST-ZIP	<b>ENTERPRISE FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>SAXON, HEARD</b>	
STREET ADDRESS	<b>165 STILLBROOK TRAIL</b>	
CITY-ST-ZIP	<b>ENTERPRISE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VOGEL, BOB</b>	
STREET ADDRESS	<b>1407 SHADOWBROOK TR</b>	
CITY-ST-ZIP	<b>ENTERPRISE FL 32725</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/13/03

CR2E037 (10/02)