
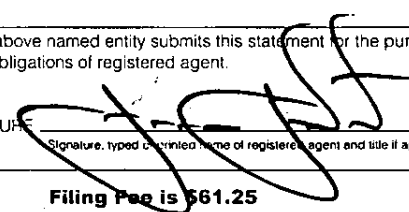
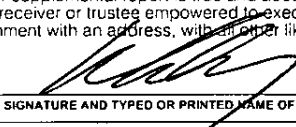


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90027 006 ****61.25

DOCUMENT # N95000005334 1. Entity Name STILL POINT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6670 STILL POINT DRIVE MELBOURNE, FL 32940 US				Mailing Address 6670 STILL POINT DRIVE MELBOURNE, FL 32940 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address FRANCIS M. STEWART CPA Suite, Apt. #, etc. 6939 N. WICKHAM RD			
City & State		City & State MELBOURNE		4. FEI Number 59-3353436	
Zip 32940		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODS, PETE 6670 STILL POINT DRIVE MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name Francis M. Stewart CPA Street Address (P.O. Box Number is Not Acceptable) 6939 N. WICKHAM RD. City MELBOURNE FL 32940	
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  2/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODS, PETE		NAME	William Catambay	
STREET ADDRESS	6670 STILL POINT DR.		STREET ADDRESS	6770 Still Point Dr.	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODS, HEIDI		NAME	SHANNON JOHNSON	
STREET ADDRESS	6670 STILL POINT DR		STREET ADDRESS	6750 Still Point Dr.	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUFFUM, MARK MR		NAME	PETE WOODS	
STREET ADDRESS	6630 STILL POINT DR		STREET ADDRESS	6670 Still Point Dr.	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JANINE E. Masgraby	
STREET ADDRESS			STREET ADDRESS	6630 Still Point Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MICHAEL A. Ambinder	
STREET ADDRESS			STREET ADDRESS	6760 Still Point Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  2/16/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					