

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000005409

1. Entity Name
**STILL WATERS LANDING HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**8826 STILLWATERS LNDING
RIVERVIEW, FL 33569 US**

Mailing Address
**8826 STILLWATERS LNDING
RIVERVIEW, FL 33569 US**



01192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3247662

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCDERMOTT, MICHAEL J
8826 STILLWATERS LANDING DR
RIVERVIEW, FL 33569**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DURAZZO, DIANE
STREET ADDRESS	8817 STILLWATER LANDING DR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	DVP
NAME	PHENIS, DANEEN
STREET ADDRESS	8724 STILLWATERS LANDING DR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	DST
NAME	MEDERMOTT, KAREN
STREET ADDRESS	8826 STILL WATERS LANDING DR.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000797681
01/29/08-80082-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

DIANE DURAZZO
[Signature]

SIGNATURE, PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/08
[Signature]

Date

813
672-2309
[Signature]

Daytime Phone #