

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005409

FILED  
Jan 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

8826 STILLWATERS LNDING  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

**Current Mailing Address:**

8826 STILLWATERS LNDING  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

**FEI Number:** 59-3247662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDERMOTT, MICHAEL J  
8826 STILLWATERS LANDING DR  
RIVERVIEW, FL 33569 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: DP ( ) Delete  
Name: DURAZZO, DIANE  
Address: 8817 STILLWATER LANDING DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: DVP ( ) Delete  
Name: PHENIS, DANEEN  
Address: 8724 STILLWATERS LANDING DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: DST ( ) Delete  
Name: MEDERMOTT, KAREN  
Address: 8826 STILL WATERS LANDING DR.  
City-St-Zip: RIVERVIEW, FL 33569

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

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 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: KAREN MCDERMOTT

DST

01/13/2009

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

\_\_\_\_\_  
Date