

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90307 002 ****61.25

DOCUMENT # N97000003724

1. Entity Name

STILLWIND COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**4400 NW 36TH AVENUE
GAINESVILLE FL 32606**

Mailing Address

**4400 NW 36TH AVENUE
GAINESVILLE FL 32606**

00010433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3467284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIPPE, PAT
4400 NW 36TH AVENUE
GAINESVILLE FL 32606**

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
Due By May 1, 2006**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WILKINS, RON**
CITY-ST-ZIP **8005 SW 51 BLVD.
GAINESVILLE FL 32608**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DANNER, BEN**
CITY-ST-ZIP **7812 SW 49 PL
GAINESVILLE FL 32608**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **WILLIAMS, JANET**
CITY-ST-ZIP **7721 SW 49 PL
GAINESVILLE FL 32608**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **JANSON, TARA**
CITY-ST-ZIP **8145 SW 51 RD
GAINESVILLE FL 32608**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **CAHILL, JAMIE**
CITY-ST-ZIP **7737 SW 51 BLVD.
GAINESVILLE FL 32608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **maurer, Judy**
CITY-ST-ZIP **5147 SW 82 Terr
Gainesville FL 32608**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Guertin, Robert**
CITY-ST-ZIP **5033 SW 81 Drive
Gainesville FL 32608**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **mylavaram, Ron**
CITY-ST-ZIP **8237 SW 851 Blvd
Gainesville FL 32608**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Heisenberg, Rich**
CITY-ST-ZIP **7632 SW 50 Rd
Gainesville FL 32608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Pat Trippe

4-28-06 352-373-7800