

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003724

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** STILLWIND COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5522 NW 43 STREET  
SUITE B  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608

**Current Mailing Address:**

5522 NW 43 STREET  
SUITE B  
GAINESVILLE, FL 32653

**New Mailing Address:**

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608

**FEI Number:** 59-3467284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOSSHARDT PROPERTY MANAGEMENT LLC  
5522 NW 43 STREET  
SUITE B  
GAINESVILLE, FL 32653 US

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

MGMT SPECIALISTS SVCS  
5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 US

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: MGMT SPECIALISTS SVCS

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BIRGE, DAVID  
Address: 5208 SW 91ST DRIVE, SUITE D  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D  
Name: WILLIAMS, BRYAN  
Address: 5208 SW 91ST DRIVE, SUITE D  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D  
Name: KESLING, WILLARD  
Address: 5208 SW 91ST DRIVE, SUITE D  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: P  
Name: ROBERTS, JARED A  
Address: 5208 SW 91ST DRIVE, SUITE D  
City-St-Zip: GAINESVILLE, FL 326 US

Title: S  
Name: SIEGEL, KEVIN  
Address: 5208 SW 91ST DRIVE, SUITE D  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: VP  
Name: FAKRAEE, FARBOD  
Address: 5208 SW 91ST DRIVE, SUITE D  
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby 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 all other like empowered.

SIGNATURE: MGMNT SPECIALISTS SVCS

A

04/19/2012

Electronic Signature of Signing Officer or Director

Date