

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002667

FILED
Apr 13, 2007
Secretary of State

Entity Name: STILLWATER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3562921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434, SUITE 5000
LONGWOOD, FL 327795044 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: STD () Delete
Name: SCHAFFER, JOYCE C
Address: 802 BANNOCKBURN AVENUE
City-St-Zip: TAMPA, FL 33617

Title: VPD () Delete
Name: FECHTEL, VINCENT J III
Address: 15917 FARRINGHAM DRIVE
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: LUTTRELL, SCOTT
Address: 6401 MACLAURIN DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: SCHAFFER, JOYCE C
Address: 4052 WHITTNER DR
City-St-Zip: LAND O'LAKES, FL 34639

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: LUTTRELL, SCOTT
Address: 6401 MAC LAREN DRIVE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT LUTTRELL

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date