2007 FOR PROFIT CORPORATION

DILE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mar 02, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000065796 02-07-2007 90033 025 ***150.00 STILLWATERS DOCK OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 791 WEST LUMSDEN ROAD 791 WEST LUMSDEN ROAD BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 02202007 Chg-P CR2E034 (12/06) City & State City & State 4 FFI Number Applied For 59-3525801 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDERMOTT, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 791 WEST LUMSDEN ROAD BRANDON, FL 33511 Zip Code FI 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP-TOTALE Delete TITLE Change Addition MCDERMOTT, MICHAEL J NAME NAME STREET ADDRESS 8826 STILLWATER LANDINGS DR. STREET ADDRESS CITY-ST-7IP RIVERVIEW, FL 33569 CITY-ST-ZIP DST ☐ Addition TITLE ☐ Delete TITLE EASC, KEVILL PEASE, KEVIN 17 STILL WATER LARDING ORIUS NAME NAME STREET ADDRESS 8817 STILLWATER LANDINGS DR STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP DV TIFLE ☐ Delete TITLE Change Addition O'DONOGHUE, TONY NAME NAME STREET ADDRESS 8811 STILLWATERS LANDINGS DR STREET ADDR**ESS** CITY - ST - ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP GARY Groat Change [8807 Stillwaters Languay PAINC [Ziverview, fl. 33569] TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DS TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

Addition

12. Thereby certify that the information supplied with this filling 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 607. 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:	Kon J. Pearl	2-27-67	813-601-51.		
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #		

2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/7/2007-90033-025-\$150.00-\$150.00

DOCUMENT # P98000065796 1. Entity Name STILLWATERS DOCK OWNERS ASSOCIATION, INC.					ATTACHMENT 66003634							
Principal Plac	e of Business	3	Mailing Address					2.4		,		
			791 WEST LUMSDEN RO Brandon, FL 33511	AD								
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052007	Chg-P	CR2E034	(12/06)	1		
City & Stat	e		City & State				4. FEI Numbe 59-3525			<u> </u>	polied For tot Applicable	
Zip		Country	Zip	Coun	try					B.75 Additional e Required		
L	6. Name	and Address of Current	Registered Agent		Name		7. Name and	Address of New R	egistered Ag	ent		
MCDERMOTT, MICHAEL J 791 WEST LUMSDEN ROAD BRANDON, FL 33511				Street Address (P.O. Box Number is Not Acceptable)								
ļ	7.	į.								T		
	, t				City				FL	Zip Co	de	
8. The above	named entity tions of regist	y submits this statement fo	withe purpose of changing its r	egister	ed office or r	egistere	ed agent, or both	n, in the State of Flo	rida. I am fai	ndar with	, and accept	
J	خ ،	uz										
SIGNATURE.	Signatura, types	or printed name of registered agent	and title if applicable. (NOTE:	Negatire	d Agent signesure	Prequired (when minstelling)		DATE		}	
		 	·									
		FEE IS \$150.00 7 Fee will be \$550.	9. Election Campaig Trust Fund Confri		vcing	\$5.0 Adde	OO May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/0	CHANGES TO OFF	CERS AND D	IBECTOR	IS IN 11	
ITILE	DP :-		De Destete	TTRJ	:			711102070011		Change	Addition	
HAME				NAME								
STREET ADDRESS CITY-ST-ZIP		LLWATER LANDINGS (EW, FL 33569	JK.		ET ADORESS -ST-ZIP							
TITLE	DST		Dekte	IMI		Ω	ACTO.	1 Mass	20,0	Chance	Addition	
HAME	PEASE, KEVIN			NAM		4		KEVIV) .	t) are de		
STREET ADORESS CITY-ST-ZIP	1	LLWATER LANDINGS EW. FL 33569	DR		ET ADDRESS -SI - ZIP	ં કે	817 8	till wat	11 L	1 12.	3 Dr	
ILLIT.	DV	200,12 33303	Detete:	TITLE			12 Inco	JIKUL AF	7.3	<u>ろうと</u> Change	7 Addition	
NAME	O'DONOG	GHUE, TONY	C) Odde	HAM							C) Addition	
STREET ADDRESS CITY-ST-78P	1	LWATERS LANDINGS	DR		223800A T3							
TITLE		W, FL 33569	☐ Delete	IM	413-12-			-		7.00		
NAME	2 3 8 c		- S-LANGING DI	NAME		9	P67 36	11 waster	9 / 44]Change ⊘ા∽ા (Addition	
STREET ADORESS	"	37 3.	,		ET ADORESS	1	Livery	iew i P	1. 33	~/_'	3	
TITLE	 		D	4-	-S1-20P							
NAME.			☐ Delete	IRLE					L	Change	Addition	
STREET ADDRESS				STRE	ET ADORESS						i	
(ITY-ST-ZEP	<u> </u>				-S1-7/P							
TITLE]		☐ Delete	TITLE					C	Change	Addition	
STREET ADDRESS	Ì				ET ADORESS						-	
CITY-ST-ZIP	L				ST-20P			· · · · · · · · · · · · · · · · · · ·				
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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 furstee empowered to execute this report as required by Chapter 607, 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: Kan D. Plans 1/2307 3/57												