

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003803

**Entity Name:** STILLWATER CAY RESIDENTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S. #215  
NAPLES, FL 34104

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S. #215  
NAPLES, FL 34104 US

**FEI Number:** 59-3729177

**Certificate of Status Desired:** No

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

RESORT MANAGEMENT  
C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S. #215  
NAPLES, FL 34104 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:** ROBERT ROSENOW

04/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ZAAS, JAMES  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S. #215  
City-State-Zip: NAPLES FL 34104

Title            TREASURER  
Name            FAUNCE, RICHARD  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S. #215  
City-State-Zip: NAPLES FL 34104

Title            SECRETARY  
Name            MORLEY, JOHN C  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S. #215  
City-State-Zip: NAPLES FL 34104

Title            DIRECTOR  
Name            MAHER, DAVID  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S. #215  
City-State-Zip: NAPLES FL 34104

Title            DIRECTOR  
Name            COSRONE, NANCE  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S. #215  
City-State-Zip: NAPLES FL 34104

*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:** RICHARD FAUNCE

TREAS

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date