

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **709785** (0)
1. Corporation Name
STERLING VILLAGE CONDOMINIUM INC.



600001847326
-06/03/96--01023--045
***61.25

Principal Place of Business Mailing Address
**500 SOUTH FEDERAL HWY.
BOYNTON BEACH FL 33435** **500 SOUTH FEDERAL HWY.
BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified **10/20/1965** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 * 25 29 30

4. FEI Number **59-1111572** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MARTINS, LILLY
500 S FEDERAL HWY
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent
81 Name **FAYE YOUNG**
82 Street Address (P.O. Box Number is Not Acceptable) **320 HORIZONS WEST APT 108**
83
84 City **BOYNTON BEACH FL** 85 Zip Code **33435**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Faye Young* Date **4/30/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HAREN, BEVERLY	
STREET ADDRESS	660 HORIZONS W	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MCCAFFERTY, MICHAEL	
STREET ADDRESS	650 HORIZON E	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KOZAK, FRANK	
STREET ADDRESS	370 HORIAONS E	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ALLEN, STANDISH	
STREET ADDRESS	610 HORIZONS EAST #304	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, ADELE	
STREET ADDRESS	530 HORIZONS E	
CITY-ST-ZIP	BOYNTON BCH, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLEARY, FRANCES	
STREET ADDRESS	850 HORIZONS E.	
CITY-ST-ZIP	BOYNTON BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERGUSON, MUIR	
1.3 STREET ADDRESS	460 HORIZONS WEST APT. 201	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL.	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CORRADO GIANGRECO	
2.3 STREET ADDRESS	620 HORIZONS WEST APT. 206	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL.	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLEARY, FRANCIS	
3.3 STREET ADDRESS	850 HORIZONS EAST APT. 208	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HAREN, BEVERLY	
6.3 STREET ADDRESS	660 HORIZONS WEST APT. 208	
6.4 CITY-ST-ZIP	BOYNTON BEACH, FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances Cleary* Date **4/19/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)