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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
500 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435
500 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435-4934

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1965	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1111572	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YOUNG, FAYE 320 HORIZONS WEST APT 108 BOYNTON BEACH FL 33435				81	Name EILEEN COLUMBO		
				82	Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH FEDERAL HWY.		
				83			
				84	City	BOYNTON BEACH	FL

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 Eileen Columbo DATE 4/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MUIR, FERGUSON			1.2 NAME	YOUNG, FAYE		
STREET ADDRESS	460 HORIZONS W APT 201			1.3 STREET ADDRESS	320 HORIZONS WEST APT 108		
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIANGRECO, CORRADO			2.2 NAME	MCCAFFEY, MICHAEL		
STREET ADDRESS	620 HORIZONS W APT 208			2.3 STREET ADDRESS	650 HORIZONS EAST APT 201		
CITY-ST-ZIP	BOYNTON BEACH FL			2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLEARY, FRANCIS			3.2 NAME	PALLADINO, ANTHONY		
STREET ADDRESS	850 HORIZONS E APT 208			3.3 STREET ADDRESS	450 HORIZONS EAST APT 105		
CITY-ST-ZIP	BOYNTON BCH, FL 00000			3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN, STANDISH			4.2 NAME	DE ROUSSE, KEN		
STREET ADDRESS	610 HORIZONS EAST #304			4.3 STREET ADDRESS	800 HORIZONS WEST APT 204		
CITY-ST-ZIP	BOYNTON BCH, FL 00000			4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHOFIELD, ADELE			5.2 NAME	VALINETTINE, BERNICE		
STREET ADDRESS	530 HORIZONS E			5.3 STREET ADDRESS	320 HORIZONS WEST APT 109		
CITY-ST-ZIP	BOYNTON BCH, FL			5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAREN, BEVERLY			6.2 NAME	HIETANEN, ROBERT		
STREET ADDRESS	660 HORIZONS WEST APT 208			6.3 STREET ADDRESS	530 HORIZONS EAST APT 112		
CITY-ST-ZIP	BOYNTON BCH FL			6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 [Signature] DATE 4/15/97 561-732-4155

CR2E037 (9/96)