


FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date incorporated or Qualified
10/20/1965

4. FEI Number
59-1111572

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

COLUMBO, EILEEN
500 SOUTH FEDERAL HWY.
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MUR, FERGUSON	
STREET ADDRESS	400 HORIZONS W APT 201	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GIANGRECO, CORRADO	
STREET ADDRESS	620 HORIZONS W APT 208	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CLEARY, FRANCIS	
STREET ADDRESS	850 HORIZONS E APT 208	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	YOUNG, FAYE	
STREET ADDRESS	320 HORIZONS WEST APT. 108	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCAFFERTY, MICHAEL	
STREET ADDRESS	650 HORIZONS EAST APT. 201	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALLADINO, ANTHONY	
STREET ADDRESS	450 HORIZONS EAST APT. 105	
CITY-ST-ZIP	BOYNTON BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KEN DE ROUSSE	
1.3 STREET ADDRESS	800 HORIZONS W APT. 204	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GIANGRECO, CORRADO	
2.3 STREET ADDRESS	620 HORIZONS W APT. 206	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARY SULLIVAN	
3.3 STREET ADDRESS	340 HORIZONS W. APT. 206	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DALY, JOHN	
4.3 STREET ADDRESS	210 HORIZONS EAST APT. 107	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Faye A. Young* 03/13/98 732-8155

CR2037 (10/97)