


FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709785
 1. Corporation Name
STERLING VILLAGE CONDOMINIUM INC.

Principal Place of Business 500 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435	Mailing Address 500 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/20/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1111572
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COLUMBO, EILEEN 500 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		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 _____
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	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUIR, FERGUSON	1.2 NAME	Kenneth I. DeRousse
STREET ADDRESS	460 HORIZONS W APT 201	1.3 STREET ADDRESS	800 Horizons West Apt. 204
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIANGRECO, CORRADO	2.2 NAME	Tom Healy
STREET ADDRESS	620 HORIZONS W APT 206	2.3 STREET ADDRESS	300 Horizons W. A 104; B.B. FL
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, MARY	3.2 NAME	Eileen Skocik
STREET ADDRESS	340 HORIZONS W APT 206	3.3 STREET ADDRESS	350 Horizons East Apt. 208
CITY-ST-ZIP	BOYNTON BCH, FL 00000	3.4 CITY-ST-ZIP	Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, FAYE	4.2 NAME	Anthony Sirianni
STREET ADDRESS	320 HORIZONS WEST APT. 108	4.3 STREET ADDRESS	210 Horizons East Apt 108
CITY-ST-ZIP	BOYNTON BCH, FL 00000	4.4 CITY-ST-ZIP	Boynton Beach, FL 33435 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	DALY, JOHN	5.2 NAME	
STREET ADDRESS	210 HORIZONS EAST APT 107	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	PALLADINO, ANTHONY	6.2 NAME	
STREET ADDRESS	450 HORIZONS EAST APT. 105	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	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)(l), 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED
 Date: 3-11-99 Daytime Phone #: 561-732-4155

CR2E037 (1/1/98)