

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90169 039 ****61.25

DOCUMENT # 709785

1. Entity 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 33435-4934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-111572

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **OP**
 STREET ADDRESS **MUIR, FERGUSON**
 CITY-ST-ZIP **460 HORIZONS W APT 201**
BOYNTON BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **SIRIANNI, ANTHONY**
 CITY-ST-ZIP **210 HORIZONS EAST APT 108**
BOYNTON BEACH FL 33435

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **SULLIVAN, MARY**
 CITY-ST-ZIP **340 HORIZONS W APT 206**
BOYNTON BCH, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS**
 STREET ADDRESS **SKOCIK, EILEEN**
 CITY-ST-ZIP **350 HORIZONS EAST APT 208**
BOYNTON BEACH FL 33435

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **DALY, JOHN**
 CITY-ST-ZIP **210 HORIZONS EAST APT 107**
BOYNTON BCH. FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **PALLADINO, ANTHONY**
 CITY-ST-ZIP **450 HORIZONS EAST APT. 105**
BOYNTON BCH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00
 Date

732-4155
 Daytime Phone #

CR2E037 (9/99)