

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 # 735347 (7)

1. Corporation Name
STIRLING VILLAS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **3791 N. W. 78TH AVENUE HOLLYWOOD FL 33024-8340**
Mailing Address: **3791 N. W. 78TH AVENUE HOLLYWOOD FL 33024-8340**

3. Date Incorporated or Qualified: **03/18/1976**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-1695737**
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

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

9. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF, P.A.
EMERALD LAKE CORPORATE PARK
3111 STIRLING RD.
FT. LAUDERDALE FL 33312-6525**

10. Name and Address of New Registered Agent
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		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	LAIL, G. WAYNE	
STREET ADDRESS	3791 NW 78TH AVE #8	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	PETERSON, ROBERT	
STREET ADDRESS	3791 NW 78TH AVE #17	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	MELVILLE, GLADYS E	
STREET ADDRESS	3791 NW 78TH AVE #24	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/>
NAME	BARRY, SHARON	
STREET ADDRESS	3791 NW 78TH AVE #17	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	WEISNER, LINDA	
STREET ADDRESS	17 SHESTNUT CIR	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Paul Bedard		
2.3 STREET ADDRESS	3791 NW 78 Ave #27		
2.4 CITY-ST-ZIP	Hollywood, FL 33024		
3.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Maria Merra		
3.3 STREET ADDRESS	3791 NW 78 Ave #20		
3.4 CITY-ST-ZIP	Hollywood, FL 33024		
4.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Janice Gonzalez		
4.3 STREET ADDRESS	3791 NW 78 Ave #21		
4.4 CITY-ST-ZIP	Hollywood, FL 33024		
5.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Adam Tobin		
5.3 STREET ADDRESS	3791 NW 78 Ave #4		
5.4 CITY-ST-ZIP	Hollywood, FL 33024		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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)(f), 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: *Janice Gonzalez* **Janice Gonzalez** DATE: **2/13/96** 436-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)