


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 18 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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.



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|--|--|
| Principal Place of Business 3791 N. W. 78TH AVENUE HOLLYWOOD FL 33024-8340 | Mailing Address 3791 N. W. 76TH AVENUE HOLLYWOOD FL 33024-8371 |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/18/1976 | 3a. Date of Last Report 03/20/1996 |
| 4. FEI Number 59-1695737 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
ERMERALD 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 |
| 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

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LAIL, G. WAYNE | |
| STREET ADDRESS | 3791 NW 78TH AVE #8 | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BEDARD, PAUL | |
| STREET ADDRESS | 3791 NW 78TH AVE #17 | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MERRA, MARIA | |
| STREET ADDRESS | 3791 NW 78TH AVE #24 | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GONZALEZ, JANICE | |
| STREET ADDRESS | 3791 NW 78TH AVE #17 | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | TOBIN, ADAM | |
| STREET ADDRESS | 17 SHESTNUT CIR | |
| CITY-ST-ZIP | COOPER CITY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | TOWN HOUSE #27 |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | TOWN HOUSE #20 |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | TOWN HOUSE #21 |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | 3791 NW 78 AVE #4 |
| 5.3 STREET ADDRESS | HOLLYWOOD, FLA. 33024 |
| 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 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: S. Wayne Lail DATE: 4/9/97 DAYTIME PHONE: 954-432-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)