

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735347 (7)**

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

Principal Place of Business <b>3791 N. W. 78TH AVENUE HOLLYWOOD FL 33024-8340</b>	Mailing Address <b>3791 N. W. 78TH AVENUE HOLLYWOOD FL 33024-8340</b>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. Country	2e. Country

3. Date Incorporated or Qualified <b>03/18/1976</b>	
4. FEI Number <b>59-1695737</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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. City	
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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAIL, G. WAYNE</b>	1.2 NAME	
STREET ADDRESS	<b>3791 NW 78TH AVE #8</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEDARD, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>3791 NW 78TH AVE #27</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERRA, MARIA</b>	3.2 NAME	<b>S/T D MERRA, MARIA</b>
STREET ADDRESS	<b>3791 NW 78TH AVE #20</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, JANICE</b>	4.2 NAME	
STREET ADDRESS	<b>3791 NW 78TH AVE #21</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOBIN, ADAM</b>	5.2 NAME	
STREET ADDRESS	<b>3791 NW 78 AVE #4</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Handwritten Signature]*

954-432-0080

CR2E037 (10/97)