

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007053

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** STERLING MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BLVD  
238  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

8695 COLLEGE PARKWAY  
1274  
FT. MYERS, FL 33919

**Current Mailing Address:**

27499 RIVERVIEW CENTER BLVD  
238  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

8695 COLLEGE PARKWAY  
1274  
FT. MYERS, FL 33919

**FEI Number:** 55-0914134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OMNI MANAGEMENT SERVICES  
27499 RIVERVIEW CENTER BLVD  
238  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

OMNI MANAGEMENT SERVICES  
8695 COLLEGE PARKWAY  
1274  
FT. MYERS, FL 33919 US

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: TIM LOEHR

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CHOMA, DEBRA  
Address: 2301 LUCIEN WAY., STE. 400  
City-St-Zip: MAITLAND, FL 32751

Title: VP/T  
Name: MAPILI, BERNIE  
Address: 2301 LUCIEN WAY., STE. 400  
City-St-Zip: MAITLAND, FL 32751

Title: DS  
Name: SMITH, ADAM  
Address: 2301 LUCIEN WAY., STE. 400  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA CHOMA

DP

04/29/2010

Electronic Signature of Signing Officer or Director

Date