

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007053

FILED  
Apr 27, 2012  
Secretary of State

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

**Current Principal Place of Business:**

8695 COLLEGE PARKWAY  
1274  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8695 COLLEGE PARKWAY  
1274  
FT. MYERS, FL 33919

**New Mailing Address:**

**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  
8695 COLLEGE PARKWAY  
1274  
FT. MYERS, FL 33919 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BONESTEEL, ROBERT  
Address: 8695 COLLEGE PARKWAY SUITE 1274  
City-St-Zip: FT. MYERS, FL 33919

Title: VP  
Name: EGLOF, KATE  
Address: 8695 COLLEGE PARKWAY SUITE 1274  
City-St-Zip: FT. MYERS, FL 33919

Title: S  
Name: ELKINS, CRYSTAL  
Address: 8695 COLLEGE PARKWAY SUITE 1274  
City-St-Zip: FT. MYERS, FL 33919

Title: T  
Name: NELSON, RACHEL  
Address: 8695 COLLEGE PARKWAY SUITE 1274  
City-St-Zip: FT. MYERS, FL 33919

Title: D  
Name: HERNANDEZ, DAVE  
Address: 8695 COLLEGE PARKWAY SUITE 1274  
City-St-Zip: FT. MYERS, FL 33919

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: ROBERT BONESTEEL

P

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date