


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90309 025 ****61.25

DOCUMENT # N07063					
1. Entity Name STERLING HOUSE ASSOCIATION, INC.					
Principal Place of Business 201 SO. J STREET LAKE WORTH, FL 33460			Mailing Address P.O. BOX 290 LAKE WORTH, FL 33760		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04182006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2581180	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOYLE, JAMES F 201 S "J" ST., APT-#2 #12 LAKE WORTH, FL 33460			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYLE, JAMES	NAME			
STREET ADDRESS	201 SO J ST APT 12	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEKKI, KLAUSES	NAME			
STREET ADDRESS	201 S J ST #3	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33460	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LORD, ROBERT	NAME	PIIRA JOHN		
STREET ADDRESS	201 S J ST., #4	STREET ADDRESS	511 LAKE AVE.		
CITY-ST-ZIP	LAKE WORTH, FL 33460	CITY-ST-ZIP	LAKE WORTH FL 33460		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOSKINEN, MILJA	NAME	FRIDERICH JASON		
STREET ADDRESS	201 SO. J ST. #10	STREET ADDRESS	235 VANDERBILT DR.		
CITY-ST-ZIP	LAKE WORTH, FL 33460	CITY-ST-ZIP	LAKE WORTH FL 33460		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREZ, JUDY	NAME			
STREET ADDRESS	201 S J ST., #2	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33460	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PROCYK, ANDREW	NAME			
STREET ADDRESS	201 S J ST #4	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33460	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James Boyle President</i>		Date: <i>1-21-06</i>		Daytime Phone #: <i>561-585-3407</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
JAMES BOYLE					