

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90251 012 \*\*\*\*61.25

0040490

**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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2581180**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BOYLE, JAMES F**  
**201 S "J" ST., APT #2**  
**LAKE WORTH FL 33460**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BOYLE, JAMES</b>	
STREET ADDRESS	<b>201 SO J ST APT 12</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>RITOLA, ARMI</b>	
STREET ADDRESS	<b>201 S J ST. #5</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>NURMINEN, RAULI</b>	
STREET ADDRESS	<b>201 S J ST. #6</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>KOSKINEN, MILJA</b>	
STREET ADDRESS	<b>201 SO. J ST. #10</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *James F Boyle* **REQUIRED**

Date: **4-25-03** Daytime Phone #: **561-595-3407**

CR2E037 (10/02)