

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14666 (4)

1. Corporation Name

STIRLING LAKE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**POST OFFICE BOX 323
DANIA FL 33004**

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DANIA FL 33004**

3. Date Incorporated or Qualified

04/30/1986

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARRILLO, ERNEST
5540 SOUTHWEST 28TH TERRACE
FT. LAUDERDALE FL 33312**

81 Name

ARTHUR CARRATT

82 Street Address (P.O. Box Number is Not Acceptable)

5589 PARK ROAD

83

84 City

FORT LAUDERDALE

FL

85 Zip Code
33312

11. Pursuant to the provisions of Sections 617.0502 and 617.1538, 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

Arthur Carratt

(Signature, typed or printed name of registered agent and state if applicable)

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARRILLO, ERNEST	
STREET ADDRESS	5540 SW 28 TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARRATT, JERRI	
STREET ADDRESS	5589 N PARK RD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HELFIN, ROMAINE	
STREET ADDRESS	5520 SW 28 TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CARRATT, ARTHUR	
13 STREET ADDRESS	5589 PARK RD	
14 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MURPHY, TIM	
33 STREET ADDRESS	5597 PARK ROAD	
34 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	NETTI, LINDA	
43 STREET ADDRESS	5546 SW 28 TERRACE	
44 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	EVANS, LINDA	
53 STREET ADDRESS	5536 SW 28 TERRACE	
54 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Arthur Carratt

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (12/95)