

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90137 043 ****61.25

DOCUMENT # N14666 1. Entity Name STIRLING LAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 12323 SW 55 STREET STE 1002 COOPER CITY, FL 33330 US				Mailing Address 12323 SW 55 STREET STE 1002 COOPER CITY, FL 33330 US	
2. Principal Place of Business <i>Landmark Management</i> Suite, Apt. #, etc. 1941 NW 150 Ave City & State Pembroke Pines FL		3. Mailing Address <i>Landmark Management</i> Suite, Apt. #, etc. 1941 NW 150 Ave City & State Pembroke Pines FL		02202006 Chg-NP CR2E037 (11/05)	
Zip 33028		Country USA		4. FEI Number 59-2698302	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LANDMARK MANAGEMENT 12323 SW 55 STREET STE 1002 COOPER CITY, FL 33330				7. Name and Address of New Registered Agent Name <i>Landmark Management</i> Street Address (P.O. Box Number is Not Acceptable) 1941 NW 150 Ave City <i>Pembroke Pines</i> FL Zip Code <i>33028</i>	
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 <i>[Signature]</i> <i>LCAM</i> DATE <i>4/3/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	TD DEFORD, RICHARD 5578 SW 28 TERRACE FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANGSAM, JOSEPH 2708 S.W. 55TH STREET FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIEL, SHARON 5611 N PARK ROAD FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCKER, MARY 5520 SW 28 TERRACE FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PACHECO, GAIL 5581 N PARK RD FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNANE, MARY 5598 SW 28 TERRACE FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Sharon Daniel</i> SHARON DANIEL DATE <i>4/5/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					