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FILED

**Feb 10 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N25795 (8)

1. Corporation Name

STERLING MANORS OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**% GREENACRE PROPERTIES
4131 GUNN HIGHWAY
TAMPA FL 33624**

**% GREENACRE PROPERTIES
4131 GUNN HIGHWAY
TAMPA FL 33624-4725**

3. Date Incorporated or Qualified
04/06/1988

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2887843

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
TAMPA FL 33624**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **AMON, JOSEPH**
STREET ADDRESS **16017 WESTERHAM DR.**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **D/V** Change Addition
1.2 NAME **Lucoff, Pat**
1.3 STREET ADDRESS **16018 Gatwick**
1.4 CITY-ST-ZIP **Tampa, FL**

TITLE **VD** DELETE
NAME **HARMON, SARAH**
STREET ADDRESS **16016 GATWICK COURT**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **D/P** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** DELETE
NAME **KNIPP, GAYLA**
STREET ADDRESS **16016 WESTERHAM DRIVE.**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE **D/S** Change Addition
3.2 NAME **Patnaude, Ed**
3.3 STREET ADDRESS **5135 Sterling Manor Dr.**
3.4 CITY-ST-ZIP **Tampa, FL**

TITLE **DT** DELETE
NAME **PARE, JOHN**
STREET ADDRESS **16012 GATWICK COURT**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** Change Addition
5.2 NAME **Knipp, Bill**
5.3 STREET ADDRESS **16016 Westerham**
5.4 CITY-ST-ZIP **Tampa, FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Sandra Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96
Date

813/974-4752
Daytime Phone # **004860**

CR2E037 (9/96)