


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 18, 1999 8:00am**  
**Secretary of State**

02-18-1999 90075 019 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25795**

1. Corporation Name  
**STERLING MANORS OWNERS ASSOCIATION, INC.**

Principal Place of Business % GREENACRE PROPERTIES 4131 GUNN HIGHWAY TAMPA FL 33624	Mailing Address % GREENACRE PROPERTIES 4131 GUNN HIGHWAY TAMPA FL 33624
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/06/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2887843
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  GREENACRE PROPERTIES, INC. 4131 GUNN HIGHWAY TAMPA FL 33624	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCOFF, PAT	1.2 NAME	
STREET ADDRESS	16018 GATWICK	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, SARAH	2.2 NAME	
STREET ADDRESS	16016 GATWICK COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATNAUDE, ED	3.2 NAME	
STREET ADDRESS	5135 STERLING MANOR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLISSON, ROB	4.2 NAME	
STREET ADDRESS	5121 STERLING MANOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIPP, BILL	5.2 NAME	
STREET ADDRESS	16016 WESTERHAM	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/26/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)