

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90057 050 ****61.25

DOCUMENT # N25795

1. Entity Name

STERLING MANORS OWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% GREENACRE PROPERTIES
 4131 GUNN HIGHWAY
 TAMPA FL 33624

% GREENACRE PROPERTIES
 4131 GUNN HIGHWAY
 TAMPA FL 33624-4725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2887843

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENACRE PROPERTIES, INC.
 4131 GUNN HIGHWAY
 TAMPA FL 33624

Name **GAIL E. FLOWERS, LCAM**

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

4131 GUNN Hwy.

City **TAMPA**

FL

Zip Code **33624**

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.

SIGNATURE

Gail E. Flowers, LCAM

1-13-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP LUCOFF, PAT**
 STREET ADDRESS **16018 GATWICK**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV HARMON, SARAH**
 STREET ADDRESS **16018 GATWICK COURT**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT RATNAUDE, ED**
 STREET ADDRESS **5135 STERLING MANOR DR**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE Change Addition
 NAME **LEONARD D. GISSON**
 STREET ADDRESS **5111 STERLING MANOR DR**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE Delete
 NAME **D GLISSON, ROB**
 STREET ADDRESS **5121 STERLING MANOR DR**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS KNIPP, BILL**
 STREET ADDRESS **16016 WESTERHAM**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(j), 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:

SIGNATURE REQUIRED

Rob Glisson

FILED