

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90166 024 ****61.25

DOCUMENT # N25795

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2887843

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLOWERS, GAIL E LCAM
4131 GUNN HIGHWAY
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____

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

TITLE NAME	DP LUCOFF, PAT	<input type="checkbox"/> Delete
STREET ADDRESS	16018 GATWICK	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE NAME	DV HARMON, SARAH	<input type="checkbox"/> Delete
STREET ADDRESS	16016 GATWICK COURT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE NAME	T GASPAN, ROSANNA D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3711 STERLING HARBOR RD	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE NAME	D GLISSON, ROB	<input type="checkbox"/> Delete
STREET ADDRESS	5121 STERLING MANOR DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE NAME	DS KNIPP, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	16016 WESTERHAM	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE NAME	Patnaude Sophie V.	<input type="checkbox"/> Delete
STREET ADDRESS	5135 Sterling Manor Dr.	Add
CITY-ST-ZIP	Tampa, FL 33647	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Griffin Richard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5111 Sterling Manor Dr	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE NAME	Hoad, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5110 Sterling Manor Dr.	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE NAME	Pattie, Diane	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5020 Sterling Manor Dr.	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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 Sophie V. Patnaude (813) 01/18/01 979-1265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)