

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90108 015 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

TITLE  Delete  
 NAME **DV HARMON, SARAH**  
 STREET ADDRESS **16016 GATWICK COURT**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE  Delete  
 NAME **T GRIFFIN, RICHARD**  
 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  Delete  
 NAME **DS HOAD, MICHAEL**  
 STREET ADDRESS **5110 STERLING MANOR DR.**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE  Delete  
 NAME **D PATNAUDE, SOPHIE V**  
 STREET ADDRESS **5135 STERLING MANOR DR.**  
 CITY-ST-ZIP **TAMPA FL 33647**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME **D LUCOFF, PAT**  
 STREET ADDRESS **16018 GATWICK CT.**  
 CITY-ST-ZIP **TAMPA, FL. 33647**

TITLE  Change  Addition  
 NAME **TD HARMON, SARAH**  
 STREET ADDRESS **16016 GATWICK CT.**  
 CITY-ST-ZIP **TAMPA, FL. 33647**

TITLE  Change  Addition  
 NAME **S.D. PATTI, DIANE**  
 STREET ADDRESS **5020 STERLING MANOR DR.**  
 CITY-ST-ZIP **TAMPA, FL. 33647**

TITLE  Change  Addition  
 NAME **VPD GLISSON, ROB**  
 STREET ADDRESS **5121 STERLING MANOR DR.**  
 CITY-ST-ZIP **TAMPA, FL. 33647**

TITLE  Change  Addition  
 NAME **D HOAD, MICHAEL**  
 STREET ADDRESS **5110 STERLING MANOR DR.**  
 CITY-ST-ZIP **TAMPA, FL. 33647**

TITLE  Change  Addition  
 NAME **PD PATNAUDE, SOPHIE V.**  
 STREET ADDRESS **5135 STERLING MANOR DR.**  
 CITY-ST-ZIP **TAMPA, FL. 33647**

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: Sophie V. Patnaude **REQUIRED** 01/19/02

CR2E037 (9/01)

