

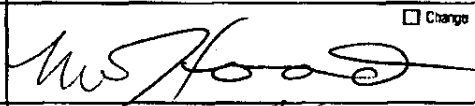

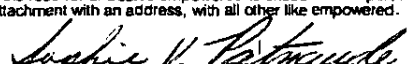


**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90497 002 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N25795</b>			
1. Entity Name <b>STERLING MANORS OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>% GREENACRE PROPERTIES 4131 GUNN HIGHWAY TAMPA, FL 33624</b>		Mailing Address <b>% GREENACRE PROPERTIES 4131 GUNN HIGHWAY TAMPA, FL 33624</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03082004		Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-2887843</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FLOWERS, GAIL E LCAM 4131 GUNN HIGHWAY TAMPA, FL 33624</b>		<b>Robert L. Tankel, P.A. Street Address (P.O. Box Number is Not Acceptable) 1022 Main Street Suite D Dunedin City FL 34698</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <b>4/9/04</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VDP	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SATRELL, TODD</b>		
STREET ADDRESS	<b>6046 STERLING MANOR DR</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>		
TITLE	DV	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARMON, SARAH</b>		<b>TREASURER</b>
STREET ADDRESS	<b>16016 GATWICK COURT</b>		<b>Sarah Harmon</b>
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>		<b>16016 GATWICK CT, 33647</b>
TITLE	T	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTI, DIANE</b>		<b>SECRETARY</b>
STREET ADDRESS	<b>5020 STERLING MANOR DRIVE</b>		<b>Diane Patten</b>
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>		<b>5020 STERLING MANOR</b>
TITLE	VDP	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLIBSON, ROB</b>		
STREET ADDRESS	<b>5424 STERLING MANOR DR</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOAD, MICHAEL</b>		
STREET ADDRESS	<b>5110 STERLING MANOR DR.</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>		
TITLE	PD	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATNAUDE, SOPHIE V</b>		
STREET ADDRESS	<b>5135 STERLING MANOR DR.</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: 		Date <b>6/20/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

(813) 979-1265