


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90082 011 ****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
02102005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2887843		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TANKEL, ROBERT L PA 1072 MAIN STREET STE D DUNEDIN, FL 34698		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARMON, SARAH 16016 GATWICK COURT TAMPA, FL 33647 <input type="checkbox"/> Delete	D TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thelma R. Healy 16012 Westerham Dr. Tampa, FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATTI, DIANE 5020 STERLING MANOR DRIVE TAMPA, FL 33647 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOAD, MICHAEL 5110 STERLING MANOR DR. TAMPA, FL 33647 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATNAUDE, SOPHIE V 5135 STERLING MANOR DR. TAMPA, FL 33647 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Hickok 5119 Sterling Manor Dr. Tampa, FL 33647 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Scott 16008 Westerham Dr. Tampa, FL 33647 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Sophie V. Patnaude</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sophie V. Patnaude	
		Date: 3/6/05 Day/Time Phone #: (813-979-1265)	