


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90031 037 \*\*\*\*61.25

<b>DOCUMENT # N25795</b>					
1. Entity Name STERLING MANORS OWNERS ASSOCIATION, INC.					
Principal Place of Business % GREENACRE PROPERTIES 4131 GUNN HIGHWAY TAMPA, FL 33618			Mailing Address % GREENACRE PROPERTIES 4131 GUNN HIGHWAY TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2887843	
Zip		Country		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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		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.		
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CONNELL, STEPHEN	NAME	Garth, Courtney		
STREET ADDRESS	5008 STERLING MANOR DR	STREET ADDRESS	16006 Westerham Drive		
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	Tampa, FL 33647		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KIRSCHMANN, JACK	NAME	NICKI LOWE		
STREET ADDRESS	5010 STERLING MANOR DR	STREET ADDRESS	5114 STERLING MANOR DR		
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	TAMPA, FL 33647		
TITLE	<del>D</del> <input checked="" type="checkbox"/> Delete	TITLE			
NAME	<del>HOAD, MICHAEL</del>	NAME			
STREET ADDRESS	<del>5110 STERLING MANOR DR.</del>	STREET ADDRESS			
CITY-ST-ZIP	<del>TAMPA, FL 33647</del>	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE			
NAME	PATNAUDE, SOPHIE V	NAME			
STREET ADDRESS	5135 STERLING MANOR DR.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	HICKOK, MICHAEL	NAME			
STREET ADDRESS	5119 STERLING MANOR DR	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP			
TITLE	<del>D</del> <input checked="" type="checkbox"/> Delete	TITLE			
NAME	<del>SCOTT, JOHN</del>	NAME			
STREET ADDRESS	<del>46008 WESTERHAM DR.</del>	STREET ADDRESS			
CITY-ST-ZIP	<del>TAMPA, FL 33647</del>	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>[Signature]</i>			Date: 2/29/07 831 729 700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		