

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25795

FILED  
Mar 10, 2010  
Secretary of State

**Entity Name:** STERLING MANORS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 59-2887843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TANKEL, ROBERT L PA  
1072 MAIN STREET  
STE F  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CONNELL, STEPHEN  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: HOWER, HENRY  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: COLLINS, MEG  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: SBRANTI, ROBERT  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: VP  
Name: HICKOK, MICHAEL  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: LOWE, NICKI  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVE CONNELL

PD

03/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date