

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N37721 (0)**  
1. Corporation Name  
**STIRLING POINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: 5097 SW 89TH AVE. COOPER CITY FL 33328 US  
Mailing Address: 5097 SW 89TH AVE. COOPER CITY FL 33328 US

3. Date Incorporated or Qualified: 04/19/1990  
3a. Date of Last Report: 03/13/1995  
4. FEI Number: 65-0206075 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 4207 NW 76 Avenue, Suite, Apt. #, etc.: Hollywood, FL, City & State: 22  
2a. Mailing Address: 26 4207 NW 76 Avenue, Suite, Apt. #, etc.: Hollywood, FL, City & State: 27  
23 Zip: 24 33024, Country: 25 US  
28 Zip: 28 3024, Country: 30 US

9. Name and Address of Current Registered Agent  
DORSEY, CHAD E.  
5097 SW 89TH AVE.  
COOPER CITY FL 33328

10. Name and Address of New Registered Agent  
81 Name: Diana C. Berning  
82 Street Address (P.O. Box Number is Not Acceptable): 4207 NW 76 Avenue  
83  
84 City: Hollywood, FL 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Diana C. Berning* Diana C. Berning DATE: 5/30/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DORSEY, CHAD E	
STREET ADDRESS	5097 SW 89TH AVE.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BERNING, DIANA	
STREET ADDRESS	4207 NW 76TH AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCCAMBRIDGE, DAVID	
STREET ADDRESS	8215 NW 76TH AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, VERNON	
STREET ADDRESS	4203 NW 76TH AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRINGER, STAN	
STREET ADDRESS	4269 NW 76TH AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNEY, BEN	
STREET ADDRESS	4293 NW 76TH AVE.	
CITY-ST-ZIP	DAVIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Knapp	
1.3 STREET ADDRESS	4201 NW 76 Avenue	
1.4 CITY-ST-ZIP	Hollywood, FL 33024	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ben Holstein	
6.3 STREET ADDRESS	4293 NW 76 Avenue	
6.4 CITY-ST-ZIP	Hollywood, FL 33024	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diana C. Berning* Diana C. Berning DATE: 5/30/96 (305) 243-6001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (954) 433-0794

CR2E037 (12/95)