

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

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90038 049 \*\*\*150.00

**DOCUMENT # N37721**

**1. Entity Name**  
**STIRLING POINTE HOMEOWNERS ASSOCIATION, INC.**



**Principal Place of Business**  
 4193 NW 76TH AVE  
 DAVIE, FL 33024 US

**Mailing Address**  
 5975 W. SUNRISE BLVD.  
 #216  
 SUNRISE, FL 33313 US

**94030252**



01212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
 65-0206075

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

GERSTIEN, JOSHUA G ESQ.  
 10 FAIRWAY DRIVE  
 SUITE 223  
 DEERFIELD BEACH, FL 33441

**DO NOT WRITE IN THIS SPACE**

**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, 2004**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GOODWIN, GERRY
STREET ADDRESS	4197 N.W. 76TH AVENUE
CITY-ST-ZIP	DAVIE, FL 33024
TITLE	SD
NAME	GIL, AULIO H
STREET ADDRESS	4231 N.W. 76TH AVENUE
CITY-ST-ZIP	DAVIE, FL 33024
TITLE	VP
NAME	ARSLAN, PAUL
STREET ADDRESS	4245 NW 76TH AVE
CITY-ST-ZIP	DAVIE, FL 33024
TITLE	VP
NAME	<del>CAROL HIGGINS</del> Delete.
STREET ADDRESS	<del>XXXXXXXXXX</del>
CITY-ST-ZIP	DAVIE, FL 33024
TITLE	TD
NAME	PALMERO, AMY
STREET ADDRESS	4293 NW 76TH AVE
CITY-ST-ZIP	DAVIE, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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:** Amy Palmere  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04  
Date

Daytime Phone #