


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0206075	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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOODWIN, GERRY 4197 N.W. 76TH AVENUE DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GIL, AULIO H 4231 N.W. 76TH AVENUE DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARSLAN, PAUL 4245 NW 76TH AVE DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PALMERO, AMY 4293 NW 76TH AVE DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/25/05-80096-018 61.25

**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)(f), 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:  **1-20-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #