

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000002203 (8)**

1. Corporation Name

ESTATES OF STIRLING LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

123 N.W. 13TH ST.
SUITE 300
BOCA RATON FL 33432

123 N.W. 13TH ST.
SUITE 300
BOCA RATON FL 33432

3. Date Incorporated or Qualified
05/13/1993

3a. Date of Last Report
04/26/1995

21. **40 OCEAN & PIPE PA**
2. Principal Place of Business
Suite, Apt. #, etc.

26. **250 South Australian Ave**
2a. Mailing Address
Suite, Apt. #, etc.

4. FEI Number
65-0424844

Applied For
Not Applicable

22. **2505 Australian Ave #1010**
City & State

27. **Suite 1010**
City & State

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

23. **West Palm Beach FL**
City & State

28. **West Palm Beach, FL**
City & State

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

24. **33401**
Zip

25. **USA**
Country

29. **33401-5012**
Zip

30. **USA**
Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No **well**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAFIER, KERRY D
123 N.W. 13TH ST.
SUITE 300
BOCA RATON FL 33432

81. Name **Michael J. Gelfand**
82. Street Address (P.O. Box Number is Not Acceptable) **250 South Australian Avenue**
83. **Suite 1010**
84. City **West Palm Beach FL** 85. Zip Code **33401**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

[Handwritten Signature] **4/15/95**

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM, GARDNER	
STREET ADDRESS	123 N.W. 13TH ST., STE. 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	KRAYNICK, JOHN A	
STREET ADDRESS	123 N.W. 13TH ST., STE. 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D/V	<input checked="" type="checkbox"/> DELETE
NAME	HARRY ENGELSTEIN	
STREET ADDRESS	123 NW 13TH ST 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Zelman, Debra L.	
1.3 STREET ADDRESS	250 South Australian Avenue, Ste 1010	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE	Vice President DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Karpf, Mitchell	
2.3 STREET ADDRESS	250 South Australian Avenue, Ste 1010	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
3.1 TITLE	Secretary DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bayer, Jack	
3.3 STREET ADDRESS	250 South Australian Avenue, Ste 1010	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
4.1 TITLE	Treasurer DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Farach, Francisco	
4.3 STREET ADDRESS	250 South Australian Avenue, Ste 1010	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800001810518	
5.3 STREET ADDRESS	-05/07/96--01022--039	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1996

954-467-1300

Date

Daytime Phone #

CR2E037 (12/95)