


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002203 (8)**  
1. Corporation Name  
**ESTATES OF STIRLING LAKE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>250 S AUSTALIAN AVE #1010 C/O GELFAND &amp; PIPE PA WEST PALM BEACH FL 33401</b>	Mailing Address <b>250 S AUSTALIAN AVE #1010 C/O GELFAND &amp; PIPE PA WEST PALM BEACH FL 33401</b>
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3. Date Incorporated or Qualified <b>05/13/1993</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>65-0424844</b>		
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

**GELFAND, MICHAEL J  
250 S AUSTALIAN AVE #1010  
WEST PALM BEACH FL 33401**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZELMAN, DEBRA L</b>	
STREET ADDRESS	<b>250 S AUSTALIAN AVE #1010</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ELLENBOGEN, ROBERT S.</b>	
STREET ADDRESS	<b>250 S AUSTALIAN AVE #1010</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZELMAN, DEBRA L</b>	
STREET ADDRESS	<b>250 S AUSTALIAN AVE #1010</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>BAYER, JACK</b>	
STREET ADDRESS	<b>250 S AUSTALIAN AVE #1010</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>Charles Riesel</b>	<input type="checkbox"/> DELETE
NAME	<b>6364 Champlain Terr.</b>	
STREET ADDRESS	<b>DAVIE, FL 33331</b>	<b>Pres.</b>
CITY-ST-ZIP		
TITLE	<b>Barney Greenberg</b>	<input type="checkbox"/> DELETE
NAME	<b>16283 Cayuga Circle</b>	
STREET ADDRESS	<b>DAVIE, FL 33331</b>	<b>V.P.</b>
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARC WENZEL</b>	
1.3 STREET ADDRESS	<b>16320 ONTARIO PL</b>	
1.4 CITY-ST-ZIP	<b>DAVIE, FL 33331</b>	<b>Dir</b>
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>William Brush</b>	
2.3 STREET ADDRESS	<b>6121 Superior Blvd</b>	
2.4 CITY-ST-ZIP	<b>DAVIE, FL 33331</b>	<b>Sect.</b>
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DAVE CROSS</b>	
3.3 STREET ADDRESS	<b>16407 EARLE PL</b>	
3.4 CITY-ST-ZIP	<b>DAVIE, FL 33331</b>	<b>Dir</b>
4.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Leslie Duke</b>	
5.3 STREET ADDRESS	<b>16301 Ontario Pl</b>	
5.4 CITY-ST-ZIP	<b>DAVIE, FL 33331</b>	<b>Dir</b>
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 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 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: *[Signature]* JACK BAYER V 1/24/98 (754) 434-7671

CR2E037 (10/97)