

FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90132 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002203

7. Corporation Name
ESTATES OF STIRLING LAKE HOMEOWNERS ASSOCIATION, INC.

148290 90132 028

Principal Place of Business 250 S AUSTALIAN AVE #1010 C/O GELFAND & PIPE PA WEST PALM BEACH FL 33401	Mailing Address 250 S AUSTALIAN AVE #1010 C/O GELFAND & PIPE PA WEST PALM BEACH FL 33401
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21. Principal Place of Business c/o GELFAND & ARPE, P.A. Suite, Apt. #, etc. Ste 250 S. Australian Ave 1010 City & State West Palm Beach, FL Zip Country 33401-5014 USA	2a. Mailing Address c/o GELFAND & ARPE, P.A. Suite, Apt. #, etc. Ste 250 S. Australian Ave 1010 City & State West Palm Beach, FL Zip Country 33401-5014 USA	3. Date Incorporated or Qualified 05/13/1993	4. FEI Number 65-0424844 Applied For Not Applicable
22. 250 S. Australian Ave 1010	27. 250 S. Australian Ave 1010	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. West Palm Beach, FL	28. West Palm Beach, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 33401-5014	29. 33401-5014	30. USA	

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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) c/o GELFAND & ARPE, P.A. 83 250 S. AUSTRALIAN AVENUE, STE 1010 84 City WEST PALM BEACH FL 85 Zip Code 33401-5014
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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: *[Signature]* DATE: 1/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC WEINREB	1.2 NAME	Sect Sally Theobald
STREET ADDRESS	16320 ONTARIO PL	1.3 STREET ADDRESS	6500 Rainbow Lane
CITY-ST-ZIP	DAVIE FL 33331	1.4 CITY-ST-ZIP	DAVIE, FL 33331
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM BRUSH	2.2 NAME	
STREET ADDRESS	6121 SUPERIOR BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33331	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE CROSS	3.2 NAME	
STREET ADDRESS	16407 ERIE PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33331	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYER, JACK	4.2 NAME	
STREET ADDRESS	250 S AUSTALIAN AVE #1010	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES KIESEL	5.2 NAME	
STREET ADDRESS	6364 CHAMPLAIN TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33331	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNEY GREENBERG	6.2 NAME	
STREET ADDRESS	16283 CAYUGA CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33331	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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/20/99 (945) 434-7671

CR2E037 (11/98)