

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90088 033 \*\*\*\*61.25

**DOCUMENT # N93000002203**

1. Entity Name  
**ESTATES OF STIRLING LAKE HOMEOWNERS ASSOCIATION,**

Principal Place of Business <b>C/O SCOTT A. STOLOFF          500 AUSTRALIAN AVE., SOUTH, SUITE 600          WEST PALM BEACH FL 33401-5014</b>	Mailing Address <b>C/O SCOTT A. STOLOFF          500 AUSTRALIAN AVE., SOUTH, SUITE 600          WEST PALM BEACH FL 33401-5014</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>70 PHOENIX MANAGEMENT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>541 S STATE ROAD 7 #12</b>	
City & State		City & State <b>MARGATE FL</b>	
Zip	Country	Zip	Country
		<b>33068</b>	<b>USA</b>

4. FEI Number <b>65-0424844</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**STOLOFF, SCOTT A  
 ST. JOHN, DICKER, CAPLAN, ET.AL  
 500 AUSTRALIAN AVE. SOUTH, SUITE 600  
 WEST PALM BEACH FL 33401-5014**

7. Name and Address of New Registered Agent  
 Name **Phoenix Mgt Services**  
 Street Address (P.O. Box Number is Not Acceptable)  
**541 S. State Rd #7 #12**  
 City **Margate** FL Zip Code **33068**

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.  
 SIGNATURE *[Signature]* DATE **1/23/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THEOBALD, SALLY</b> <b>6500 RAINBOW LANE</b> <b>DAVIE FL 33331</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>WILLIAM BRUSH</b> <b>6121 SUPERIOR BLVD</b> <b>DAVIE FL 33331</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVE CROSS</b> <b>16407 ERIE PL</b> <b>DAVIE FL 33331</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>WEINREB, MARC</b> <b>16320 ONTARIO PL</b> <b>DAVIE FL 33331</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>CHARLES KIESEL</b> <b>6364 CHAMPLAIN TERR</b> <b>DAVIE FL 33331</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>MIKOLEIT, BONNIE</b> <b>6520 RAINBOW LN</b> <b>DAVIE FL 33331</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>Dave Bontjes</b> <b>6242 Champlain Terr</b> <b>DAVIE, FL 33331</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTres</b> <b>Jack Bayer</b> <b>6461 Huron Terr</b> <b>DAVIE, FL 33331</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>Rebecca Helwig</b> <b>16230 Cranberry Court</b> <b>DAVIE, FL 33331</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ivan Reich</b> <b>16361 ONTARIO PL</b> <b>DAVIE, FL 33331</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres.</b> <b>Charles Kiesel</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: **01/23/01** (954) 977-3777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)