

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90169 025 \*\*\*\*61.25

**DOCUMENT # N93000002203**

Entity Name

**ESTATES OF STIRLING LAKE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10 SCOTT A. STOLOFF  
 10 AUSTRALIAN AVE., SOUTH, SUITE 600  
 WEST PALM BEACH FL 33401-5014

% PHOENIX MANAGEMENT  
 541 S STATE ROAD 7 # 12  
 MARGATE FL 33068



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

10 SCOTT A. STOLOFF

Suite, Apt. #, etc.

818 AUSTRALIAN AVE. SO. STE 400

City & State

City & State

1. PALM BCH., FL.

4. FEI Number

65-0424844

Applied For

Not Applicable

Zip

Country

Zip

Country

33409

US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHOENIX MANAGEMENT SERVICES  
 541 S STATE ROAD 7  
 # 12  
 MARGATE FL 33068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BONTIES, DAVE	
STREET ADDRESS	6242 CHAMPLAIN TERRACE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BAYER, JACK	
STREET ADDRESS	8461 HURON TERRACE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVE CROSS	
STREET ADDRESS	16407 ERIE PL	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HELWIG, REBECCA	
STREET ADDRESS	16230 CRANBERRY COURT	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHARLES KIESEL	
STREET ADDRESS	6364 CHAMPLAIN TERR	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	REICH, IVAN	
STREET ADDRESS	16361 ONTARIO PLACE	
CITY-ST-ZIP	DAVIE FL 33331	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONTIES, DAVE	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES KIESEL	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Required* David A Bontjes 1/21/02 (954) 989-7462

CR2E037 (9/01)