


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90022 013 \*\*\*\*61.25

**DOCUMENT # N93000002203**

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



Principal Place of Business  
**C/O SCOTT A. STOLOFF  
 818 AUSTRALIAN AVE., SOUTH, SUITE 400  
 WEST PALM BEACH FL 33409**

Mailing Address  
**% PHOENIX MANAGEMENT  
 4780 N. STATE RD 7  
 FORT LAUDERDALE FL 33319**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**PHOENIX MANAGEMENT SERVICES  
 4780 N. STATE RD. 7  
 SUITE E250  
 FORT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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  
 Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BONTIES, DAVE	
STREET ADDRESS	6242 CHAMPLAIN TERRACE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BAYER, JACK	
STREET ADDRESS	6461 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 checked="" type="checkbox"/> Delete
NAME	HELWIG, REBECCA	
STREET ADDRESS	16230 CRANBERRY COURT	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHARLES KIESEL	
STREET ADDRESS	6364 CHAMPLAIN TERR	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REICH, IVAN	
STREET ADDRESS	16361 ONTARIO PLACE	
CITY-ST-ZIP	DAVIE FL 33331	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORRAINE Joffrion	
STREET ADDRESS	16280 OWASCO Circle	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lori McBride	
STREET ADDRESS	6301 HURON Terrace	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara-Div-lus	
STREET ADDRESS	16301 ONTARIO PL	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig DORN	
STREET ADDRESS	6422 Champlain Terr	
CITY-ST-ZIP	DAVIE, FL 33331	
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		

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:  **Lori McBride** **Feb. 17, 2004** **954 640-7070**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #