


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90083 023 ****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		40004023	
2. Principal Place of Business 4780 N STATE Rd 7		3. Mailing Address Suite, Apt. #, etc. Suite E250	
City & State Lauderdale Lakes, FL		City & State Fort Lauderdale, FL	
4. FEI Number 65-0424844		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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	
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: <u>Elena Wesenthal</u> DATE: <u>January 18, 2005</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOFFRION, LORRAINE 16280 OWASCO CIRCLE FORT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCBRIDE, LORI 6301 HURON TERRACE FORT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVE CROSS 16407 ERIE PL DAVIE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIULUS, BARBARA 1601 ONTARION PL. DAVIE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLES KIESEL 6364 CHAMPLAIN TERR DAVIE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORN, CRAIG 6422 CHAMPLAIN TERRACE DAVIE, FL 33331 <input type="checkbox"/> Delete	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: <u>[Signature]</u>		Date: <u>Jan 18, 2005</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	