


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90045 020 ****61.25

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



Principal Place of Business
 4780 N STATE RD 7
 SUITE E250
 LAUDERDALE LAKES, FL 33319

Mailing Address
 % PHOENIX MANAGEMENT
 4780 N. STATE RD 7, SUITE 250
 FORT LAUDERDALE, FL 33319

60004981



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

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

01092006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number
65-0424844

Applied For
 Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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 type="checkbox"/> Delete
NAME	JOFFRION, LORRAINE	
STREET ADDRESS	16280 OWASCO CIRCLE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MCBRIDE, LORI	
STREET ADDRESS	6301 HURON TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE, 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	DIULUS, BARBARA	
STREET ADDRESS	1601 ONTARION PL.	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHARLES KIESEL	
STREET ADDRESS	6364 CHAMPLAIN TERR	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORN, CRAIG	
STREET ADDRESS	6422 CHAMPLAIN TERRACE	
CITY-ST-ZIP	DAVIE, FL 33331	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOFFRION Lorraine	
STREET ADDRESS	16280 OWASCO Circle	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE BONTJES	
STREET ADDRESS	6242 Champlain Terr.	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Engeler	
STREET ADDRESS	16446 FIRE PH	
CITY-ST-ZIP	DAVIE, FL 33331	
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 exemptions contained in Chapter 119, 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 *David A. Bontjes* **David A. Bontjes** 1/17/06 954 640-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #