
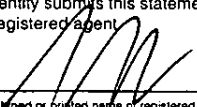
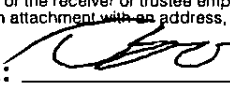


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90098 034 \*\*\*\*61.25

DOCUMENT # N93000002203					
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		
2. Principal Place of Business - No P.O. Box # 1145 SAWGRASS CORP PKWY Suite, Apt. #, etc.		3. Mailing Address 1145 SAWGRASS CORP PKWY Suite, Apt. #, etc.			
City & State SUNRISE FL		City & State SUNRISE FL		4. FEI Number 65-0424844	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33323		Country USA		6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES 4780 N. STATE RD. 7 SUITE E250 FORT LAUDERDALE, FL 33319	
Zip 33323		Country USA		7. Name and Address of New Registered Agent Name: DICKER, KRIVOK, B STOLOFF P.A. Street Address (P.O. Box Number is Not Acceptable): 1818 AUSTRALIAN AVENUE SOUTH SUITE 400 City: WEST PALM BEACH FL Zip Code: 33409	
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: 		SCOTT A. STOLOFF Esq.		5-11-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOFFRION, LORRAINE		NAME	CROSS, DAVID	
STREET ADDRESS	16280 OWASCE CIR.		STREET ADDRESS	16407 ERIE PLACE	
CITY-ST-ZIP	DAVIE, FL 33331		CITY-ST-ZIP	DAVIE FL 33331	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONTJES, DAVE		NAME	ENGELER, RALPH	
STREET ADDRESS	6242 CHAMPLEAN TERR		STREET ADDRESS	16446 ERIE PLACE	
CITY-ST-ZIP	DAVIE, FL 33331		CITY-ST-ZIP	DAVIE FL 33331	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE CROSS		NAME	BONTJES, DAVE	
STREET ADDRESS	16407 ERIE PL		STREET ADDRESS	6242 CHAMPLAIN TERRACE-	
CITY-ST-ZIP	DAVIE, FL 33331		CITY-ST-ZIP	DAVIE FL 33331	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIULUS, BARBARA		NAME	DORN, CRAIG	
STREET ADDRESS	1601 ONTARION PL.		STREET ADDRESS	6422 CHAMPLAIN TERRACE	
CITY-ST-ZIP	DAVIE, FL 33331		CITY-ST-ZIP	DAVIE FL 33331	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELER, RALPH		NAME	MCHUGH, JIM	
STREET ADDRESS	16446 FIRE PL		STREET ADDRESS	16346 ERIE PLACE	
CITY-ST-ZIP	DAVIE, FL 33331		CITY-ST-ZIP	DAVIE FL 33331	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORN, CRAIG		NAME		
STREET ADDRESS	6422 CHAMPLAIN TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33331		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 BONTJES		4/22/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40115400



03302007 Chg-NP CR2E037 (12/06)