


FILED
Mar 24, 2008 8:00 am
Secretary of State

01-22-2008 90079 041 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002203			
1. Entity Name ESTATES OF STIRLING LAKE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323		Mailing Address 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DICKER, KRIVOK & STOLOFF, P.A. 1818 AUSTRALIAN AVENUE SOUTH SUITE 400 WEST PALM BEACH, FL 33409		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	TITLE	PD
NAME	CROSS, DAVID	NAME	David Cross
STREET ADDRESS	16407 ERIE PLACE	STREET ADDRESS	1145 Sawgrass Corp. Pkwy
CITY-ST-ZIP	DAVIE, FL 33331	CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	DT	TITLE	VPO
NAME	BONTJES, DAVE	NAME	Ralph Engeler
STREET ADDRESS	6242 CHAMPLAIN TERRACE	STREET ADDRESS	1145 Sawgrass Corp. Pkwy
CITY-ST-ZIP	DAVIE, FL 33331	CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	D	TITLE	TD
NAME	DAVE CROSS	NAME	Dave Bontjes
STREET ADDRESS	16407 ERIE PL	STREET ADDRESS	1145 Sawgrass Corp. Pkwy
CITY-ST-ZIP	DAVIE, FL 33331	CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	SD	TITLE	SD
NAME	DORN, CRAIG	NAME	Lorraine Joffrian
STREET ADDRESS	6422 CHAMPLAIN TERRACE	STREET ADDRESS	1145 Sawgrass Corp. Pkwy
CITY-ST-ZIP	DAVIE, FL 33331	CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	VPO	TITLE	D
NAME	ENGELER, RALPH	NAME	Craig Dorn
STREET ADDRESS	16446 ERIE PLACE	STREET ADDRESS	1145 Sawgrass Corp. Pkwy
CITY-ST-ZIP	DAVIE, FL 33331	CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	D	TITLE	
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: _____		Date: 3/7/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	

66004703



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0424844** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

FL Zip Code

**Filing Fee is \$61.25
 Due by May 1, 2008**

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		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/>
NAME	CROSS, DAVID	
STREET ADDRESS	16407 ERIE PLACE	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	DT	<input type="checkbox"/>
NAME	BONTJES, DAVE	
STREET ADDRESS	6242 CHAMPLAIN TERRACE	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	D	<input checked="" type="checkbox"/>
NAME	DAVE CROSS	
STREET ADDRESS	16407 ERIE PL	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	DORN, CRAIG	
STREET ADDRESS	6422 CHAMPLAIN TERRACE	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	VPO	<input type="checkbox"/>
NAME	ENGELER, RALPH	
STREET ADDRESS	16446 ERIE PLACE	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	D	<input type="checkbox"/>
NAME	DORN, CRAIG	
STREET ADDRESS	6422 CHAMPLAIN TERRACE	
CITY-ST-ZIP	DAVIE, FL 33331	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	David Cross		
STREET ADDRESS	1145 Sawgrass Corp. Pkwy		
CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	VPO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Ralph Engeler		
STREET ADDRESS	1145 Sawgrass Corp. Pkwy		
CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Dave Bontjes		
STREET ADDRESS	1145 Sawgrass Corp. Pkwy		
CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	SD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	Lorraine Joffrian		
STREET ADDRESS	1145 Sawgrass Corp. Pkwy		
CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Craig Dorn		
STREET ADDRESS	1145 Sawgrass Corp. Pkwy		
CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: _____ Date: **3/7/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____