

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90198 040 ****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
541 S STATE ROAD 7 # 12
MARGATE FL 33068**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Phoenix Management Services
4780 N. State Rd 7
Suite E250
Lauderdale Lakes, FL 33319**

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0424844**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Phoenix Management Services
4780 North State Road Seven
Suite E250
Lauderdale Lakes, FL 33319**

Name

Street

City

7. Name and Address of New Registered Agent

**Phoenix Management Services
4780 N. State Rd 7
Suite E250
Lauderdale Lakes, FL 33319**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | VP D | <input type="checkbox"/> Delete |
| NAME | BONTIES, DAVE | |
| STREET ADDRESS | 6242 CHAMPLAIN TERRACE | |
| CITY-ST-ZIP | DAVIE FL 33331 | |
| TITLE | DT | <input 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 type="checkbox"/> Delete |
| NAME | HELWIG, REBECCA | |
| STREET ADDRESS | 16230 CRANBERRY COURT | |
| CITY-ST-ZIP | DAVIE FL 33331 | |
| TITLE | VP D | <input type="checkbox"/> Delete |
| NAME | CHARLES KIESEL | |
| STREET ADDRESS | 6364 CHAMPLAIN TERR | |
| CITY-ST-ZIP | DAVIE FL 33331 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REICH, IVAN | |
| STREET ADDRESS | 16361 ONTARIO PLACE | |
| 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 |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (10/02)

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: *Josiah Burt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

754-434-7671