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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000006148 (8)

1. Corporation Name  
STERLING ACRES HOMEOWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address  
3751 SW 141 AVE MIAMI-FL 33027 3751 SW 141 AVE -MIAMI-FL 33027-3243

3. Date Incorporated or Qualified 12/04/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 3751 SW 141 AVE 26 3751 SW 141 AVE  
Suite, Apt #, etc. Suite, Apt #, etc.

4. FEI Number  Applied For  Not Applicable

22 City & State 27 City & State  
23 MIAMI FL 28 MIAMI FL

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

24 Zip 25 Country 29 Zip 30 Country  
24 33027 25 FLORIDA 29 33027 30 FLORIDA

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
GOMEZ, RUBEN  
3751 SW 141 AVE  
MIAMI-FL 33027

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent  
81 Name RUBEN GOMEZ  
82 Street Address (P.O. Box Number is Not Acceptable) 3751 SW 141 AVE  
83  
84 City MIAMI FL 85 Zip Code 33027

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE RUBEN GOMEZ (NOTE: Registered Agent signature required when reinstating) DATE 3/22/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOMEZ, RUBEN	
STREET ADDRESS	3751 SW 141 AVE	
CITY-ST-ZIP	MIAMI-FL 33027 MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GOMEZ, MARICEL	
STREET ADDRESS	3751 SW 141 AVE	
CITY-ST-ZIP	MIAMI-FL 33027 MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOMEZ, BLANCA	
STREET ADDRESS	3751 SW 141 AVE	
CITY-ST-ZIP	MIAMI-FL 33027 MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [Signature]

CR2E037 (9/96)