## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N96000006148 (8) DOCUMENT # 1. Corporation Name

SIGNATURE:

STERLING ACRES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address				) restinat bin insta Bilist bestiv deriti d	MAIN MALLA BREEM MINNS FLARE MANN SAIN FAST
3751 SW 141 AVE 3751 SW 141 AVE					
				3. Date Incorporated or Qualified 12/04/1996	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3751 SW 14111UC 26 375/SW			2141705		Not Applicable
Suite, Apt 4		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	isma F/	City & State	ar FI	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zipっよ。	27 Country Brawan	Zip 2 2 2 2 2	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24 00	······································	· · · · · · · · · · · · · · · · · · ·	30 Browgns		Yes No
	9. Name and Address of Curren	I Registered Agent	94 1	10. Name and Address of New Re-	gistered Agent
	_		81 Name (	RUBEN Gomez	
GOMEZ, RUBEN 82 Street Addre				ress (P.O. Box Number is Not Acceptable TISW 141 AUC	le)
				5156 141110C	
MIAMI-FI	t 33027		63		
			84 City	rikoman	FL 85 Zip Code
44 13	the agreement Continue C17 050	O and C17 1E00 Florida Ptotuta			
office or re	egistered agent, or both, in the State	of Florida, Such change was a	uthorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as registered
agent. Lar	in familiar with, and accept the oblig	ations of, Section 617,0503, 170	rida Statutes		2/2/02
SIGNATURE _	KOBEP 6646 Signature Typed or printed name of registered age	- Car			3/22/97
12,	Signature typed or plinted name of registered ago OFFICERS AN		Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	7,001.10,10,101.11.1000.10.01.11.0	Change Addition
NAME	GOMEZ, RUBEN		1,2 NAME		
STREET ADDRESS	3751 SW 141 AVE		1.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMIFL 33027 MIND	man Fl	1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	21 TITLE		Change Addition
NAME	GOMEZ, MARICEL		2.2 NAME		
STREET ADDRESS	3751 SW 141 AVE		2.3 STREET ADDRESS		
City-ST-ZiP	MIAMIFL 33027 MINS	MAR	2. 4 CITY-ST-ZIP		
TITLE	VD	DELETE	3.1 TITLE		Change Addition
NAME	GOMEZ, BLANCA		3.2 NAME		
STREET ADDRESS	3751 SW 141 AVE	1440	3.3 STREET ADDRESS		
CITY-S1-7iP	MINISTEL 33027 MICH		3.4. CITY-S7-ZIP		
TITLE		L_) DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		F" DEFFIC	5.2 NAME		ET AURIBE ET VOCIDOR
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	***************************************	Change Addition
NAME		*****	6.2 NAME		• —
STREET ADDRESS			6.3 STREET ADDRESS		
Dity+S1+ZiP			6 4 CITY-ST-ZIP		
14. I do heret information I am an of	ri indicated on this annual report or s	supplemental annual report is tr the receiver or trustee empow	y for the exemption state ue and accurate and tha ered to execute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 617, Florida S	il effect as if made under oath; tha