FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State*

DIVISION OF CORPORATIONS

1998

DOCUMENT # N9600006148 (8) STERLING ACRES HOMEOWNERS ASSOCIATION, INC				
SIERL	ING ACRES HOMEOWNER	S ASSOCIATION, INC		
Principal Place of Business Mailing Address				ו אפרו ויובר פרובר מנונג ופרוב פרובר ווגבר אוופס ווובס ווובס ווובס ווובס בוובר פרובר בוובר בוובר בעוווססו ו
9781 8W 141 AVE MIRAMAR FL 33027		3751 SW 141 AVE MIRAMAR FL 33027		3. Date Incorporated or Qualified
US .		US		12/04/1996 4. FEI Number / - 2/99/4- Applied For
1.55				4. FEI Number APPLIED FOR 65-08/9945 Applied For Not Applicable
		2a. Malling Address		5. Certificate of Status Desired S \$8.75 Additional
21 Substantia		26 370 30	MIT IF UC.	Fee Required
Suite, Apt.	W/Btc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 City & State		27 City & State	<u> </u>	Trust Fund Contribution
23		28	490	7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 USA	29	0	Personal Property Tax due June 30. 🔀 Yes 🗌 No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
1 .			81 Name	
GOMEZ, RUBEN			62 Street Add	ress (P.O. Box Number is Not Acceptable)
3751 SW 141 AVE			92	
MIRAMA	R FL 33027		83	
			84 City	FL 85 Zip Code
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 register.				
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, if am families with a propose of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, if am families with a purpose of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, if am families with a purpose of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, if an families with a purpose of Florida such a families with a purpose of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, if an families with a purpose of Florida such a families with a purpose of Florida such and accept the object of Florida such and accept the object of Florida such as a families with a families				
Ī	am range and accept the oblig	gations of, Section 617,0503, Flori	da Statutes.	
SIGNATURE	Significant, typed or printed name of registered ag	gent and little if applicable. (NOTE: 6	Registered Agent signature requir	lred when reinstating) DATE
12.	, 	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	GOMEZ, RUBEN		1.2 NAME	Į.
STREET ADDRESS	3751 SW 141 AVE		1.3 STREET ADDRESS	Į
CITY-ST-ZIP	MIRAMAR FL	Thrifte	1.4 C(TY - ST - Z(P	Chapas T Little
TITLE	STD MADICEI	☐ DELETE	2.1 TITLE	Change Addition
NAME Street address	GOMEZ, MARICEL 3751 SW 141 AVE		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL		2.3 STREET ADDRESS	
TITLE	VD	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOMEZ, BLANCA		3.2 NAME	
STREET ADDRESS	3751 SW 141 AVE		3.3 STREET ADDRESS	j
CITY-ST-ZIP	MIRAMAR FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		TT 55.55	4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 City-St-ZiP 6.1 title	Change Addition
TITLE . NAME			6.2 NAME	Change C ROUNDING
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY-ST-ZIP	
0111 101 EIF			■ 4-7 U(11 U1 CI)	

It 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:

RUBEN GONCZ

1-2-98 669-9961465

FILED

Jun 11 1998 8:00am

Secretary of State