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Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600006148

1. Corporation Name

Principal Place of Business

STERLING ACRES HOMEOWNERS ASSOCIATION, INC

3751 SW 141 MIRAMAR FL : US		3751 SW 141 AVE MIRAMAR FL 33027 US	:					
2. Principal F	Place of Business	2a. Mailing Address	· ,	•-	3. Date Incorporated or Q 12/04/1996	ualifed		
21		26				~7	· · · · · · · · · · · · · · · · · · ·	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0819945			Applicable
22		City & State			00 00 100 10		\$8.75 A	
City & Stat	le ∵	City & State			5. Certifcate of Status De	sired 🗌	Fee Rec	
23 Zip	Country	Zíp	Country		6. Election Campaign Fina		\$5.00 ^	
	25	<u> </u>			Trust Fund Contribution Added to Fees			
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of		Agent	
<u> </u>			81	Name				
GOMEZ, F	RUBEN 141 AVE		82	Street Add	ross (D.O. Boy Number is Not	Accentable)		
3751 SW		02	Street Address (P.O. Box Number is Not Acceptable)			}		
MIRAMAR		* - :	83					
.X	1 2 0002.		84	City			85 Zip C	ode
			04	City		F 1	L 03 2 D 0	
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE:	Registered Ager	at signature require	ad when reinstating) ADDITIONS/CHANGES	DATE TO OFFICERS A	ND DIRECTOR	RS IN 12
	PD OFFICERS AN	D DIRECTORS DELETE	1,1 TITLE		ADDITIONOUS MICES		☐ Change	Addition
TITLE	GOMEZ, RUBEN		1.2 NAME				- '	
NAME STREET ADDRESS	The state of the s	<	1	ADDRESS	المستناك والمتاكية المعشية	F1		٠ ـــــــ ،
CITY-ST-ZIP	MIRAMAR FL		1,4 CITY-S			,	• • • •	
TITLE	STD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	GOMEZ, MARICEL		2.2 NAME	ļ				
STREET ADDRESS			2.3 STREET	TADDRESS		•		
CITY-ST-ZIP	MIRAMAR FL		2. 4 CITY-S	T-ZIP				
TITLE	VD	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	GOMEZ, BLANCA		3.2 NAME		•)
STREET ADDRESS	3751 SW 141 AVE	•	3.3 \$TREE	TADDRESS		·		İ
CITY-ST-ZiP	MIRAMAR FL		3.4. CITY-S	T-ZIP	<u></u>	·		
TITLE	, ,	☐ DELETE	4.1 TITLE	1			Change	Addition
NAME			4. 2 NAME					ł
STREET ADDRESS			4,3 STREE	TADDRESS,		•		
CITY-ST-ZIP	<u> </u>		4,4 CITY-S	T-ZIP			Chanca	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		,		Change	☐ Addition
NAME				· ADDRESS	. •			Ì
STREET ADDRESS					•		. ,	1
CITY-ST-ZIP	-	☐ DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP	<u> </u>		☐ Change	Addition
TITLE			6.2 NAME		•		, E.J. Sharigo	
NAME	1		0.7 I 0.41/IL	1				

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

14. 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 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, with all other like empowered.

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90001 037 ***211.25