

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2006
Secretary of State**

DOCUMENT# N96000006148

Entity Name: STIRLING ACRES HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

16570 SW 61 STREET
SOUTHWEST RANCHES, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

16570 SW 61 STREET
SOUTHWEST RANCHES, FL 33331 US

New Mailing Address:

FEI Number: 65-0819945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCULLY, CHARLES
16570 SW 61 ST
SOUTHWEST RANCHES, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCULLY, CHARLES M
Address: 16570 SW 61 STREET
City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

Title: VD () Delete
Name: ESFANDIARI, JAY
Address: 16460 SW 61 ST
City-St-Zip: SOUTHWEST RANCH, FL 33331

Title: TSD () Delete
Name: MUEHLFELDER, BRUCE
Address: PO BOX 260817
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M. MCCULLY

PD

04/29/2006

Electronic Signature of Signing Officer or Director

_____ Date