

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006148

FILED  
Apr 25, 2009  
Secretary of State

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 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

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date