FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:01

DOCUMENT # 709785 (0)

1. Corporation Name
STERLING VILLAGE CONDOMINIUM INC.

Principal Place of Business	Mailing Address
500 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435	500 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1965
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-1111572 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHANDLER, FRIEDA 500 S. FEDERAL HWY. BOYNTON BEACH FL 33435	81 Name: MARTINS, LILLY 82 Street Address (P.O. Box Number is Not Acceptable): 500 S. FEDERAL HWY 83 BOYNTON BEACH 84 City: FL 85 Zip Code: 33435

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lilly Martins — 5-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP FERGUSON, MUIR 460 HORIZONS, APARTMENT 201 BOYNTON BEACH FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP HAREN, BEVERLY 660 Horizons W.	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOLLA, JOHN 450 HORIZON E BOYNTON BCH, FL 00000	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DVP MC CAFFERTY, MICHAEL 650 Horizons E.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, WILLIAM 240 HORIZON W #105 BOYNTON BCH, FL 00000	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DT KOZAK, FRANK 370 Horizons E.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ALLEN, STANDISH 610 HORIZONS EAST #304 BOYNTON BCH, FL 00000	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D PALLADINO, TONY 450 Horizons E.	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRESLIN, CELINE 450 HORIZONS EAST #206 BOYNTON BCH. FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D SCHOFIELD, ADELE 530 Horizons E	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ARNOLD, ROBERT 460 HORIZONS W #101 BOYNTON BCH FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D CLEARY, FRANCES 850 Horizons E.	☐ Change ☐ Addition RECEIVED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: BEVERLY HAREN — Beverly Haren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012122