

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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**



**600001847326**

**-06/03/96--01023--045**

**\*\*\*61.25**

3. Date Incorporated or Qualified  
**10/20/1965**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-1111572**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

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

**MARTINS, LILLY  
500 S FEDERAL HWY  
BOYNTON BEACH FL 33435**

81 Name

**FAYE YOUNG**

82 Street Address (P.O. Box Number is Not Acceptable)

**320 HORIZONS WEST APT 108**

83

84 City

**BOYNTON BEACH**

**FL**

85 Zip Code  
**33435**

11. 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 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 617.0503, Florida Statutes.

SIGNATURE

*Faye Young*

(NOTE: Registered Agent signature required when re-stating)

**4/30/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE  
NAME **HAREN, BEVERLY**  
STREET ADDRESS **660 HORIZONS W**  
CITY-ST-ZIP **BOYNTON BEACH FL**

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME **FERGUSON, MUIR**  
1.3 STREET ADDRESS **460 HORIZONS WEST APT. 201**  
1.4 CITY-ST-ZIP **BOYNTON BEACH, FL.**

TITLE **DVP** ☒ DELETE  
NAME **MCCAFFERTY, MICHAEL**  
STREET ADDRESS **650 HORIZON E**  
CITY-ST-ZIP **BOYNTON BCH, FL 00000**

2.1 TITLE **DVP** ☒ Change ☐ Addition  
2.2 NAME **CORRADO GIANGRECO**  
2.3 STREET ADDRESS **620 HORIZONS WEST APT. 206**  
2.4 CITY-ST-ZIP **BOYNTON BEACH, FL.**

TITLE **DT** ☒ DELETE  
NAME **KOZAK, FRANK**  
STREET ADDRESS **370 HORIAONS E**  
CITY-ST-ZIP **BOYNTON BCH, FL 00000**

3.1 TITLE **DT** ☒ Change ☐ Addition  
3.2 NAME **CLEARY, FRANCIS**  
3.3 STREET ADDRESS **850 HORIZONS EAST APT. 208**  
3.4 CITY-ST-ZIP **BOYNTON BEACH, FL**

TITLE **DP** ☐ DELETE  
NAME **ALLEN, STANDISH**  
STREET ADDRESS **610 HORIZONS EAST #304**  
CITY-ST-ZIP **BOYNTON BCH, FL 00000**

4.1 TITLE **SAME** ☐ Change ☐ Addition  
4.2 NAME **SAME**  
4.3 STREET ADDRESS **SAME**  
4.4 CITY-ST-ZIP **SAME**

TITLE **D** ☐ DELETE  
NAME **SCHOFIELD, ADELE**  
STREET ADDRESS **530 HORIZONS E**  
CITY-ST-ZIP **BOYNTON BCH, FL**

5.1 TITLE **SAME** ☐ Change ☐ Addition  
5.2 NAME **SAME**  
5.3 STREET ADDRESS **SAME**  
5.4 CITY-ST-ZIP **SAME**

TITLE **D** ☒ DELETE  
NAME **CLEARY, FRANCES**  
STREET ADDRESS **850 HORIZONS E.**  
CITY-ST-ZIP **BOYNTON BCH FL**

6.1 TITLE **DP** ☒ Change ☐ Addition  
6.2 NAME **HAREN, BEVERLY**  
6.3 STREET ADDRESS **660 HORIZONS WEST APT. 208**  
6.4 CITY-ST-ZIP **BOYNTON BEACH, FL.**

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)(k), 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:

*Frances Cleary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Frances Cleary*

**4/19/96**

**MS 5/11/96 407 732 445**

CR2E037 (12/95)